醫院管理局
新界東醫院聯網
Hospital Authority
New Territories East Cluster

HOSPITAL AUTHORITY
NEW TERRITORIES EAST CLUSTER
CLUSTER REPORT 2012/13

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Hospital Authority Vision, Mission and Values

Guided by the mission of "Helping People Stay Healthy", Hospital Authority will collaborate with community partners to strive for continued success and work towards the vision of "Healthy People, Happy Staff and Trusted by the Community".

The Cluster started to fully adopt HA's vision, mission and values since its introduction.

Vision

- Healthy People
- Happy Staff
- Trusted by the Community

Mission

- Helping People Stay Healthy

Values

- People-centred Care
- Professional Service
- Committed Staff
- Teamwork

Message from CCE

Dr FUNG Hong

This is a fruitful year of the New Territories East Cluster (NTEC) for we have a great team of remarkably resilient and dedicated staff - the NTECians.

We could not have withstood so many challenges without the staunch support from all colleagues, in particular, our frontline staff. It is my privilege to be part of the team in serving the NTEC community. To provide quality service to a large population has been tough, but vital and meaningful. I well understand that our colleagues have worked long hours and tirelessly to provide quality service. It pains me when I learn that in some cases, the health or even family life of some colleagues has been affected. I salute to you all for your understanding and dedication.

With your commitment, passion and concerted effort, the momentum of the whole Cluster operating under a well-established committee structure on Cluster and hospital levels has moved forward in unity and steadfastly over the years. I am particularly touched by the exemplary team spirit and professionalism you have displayed in carrying out such meaningful task. I am sure your dedication has earned many smiling faces from the patients as well as their relatives and the value based happiness in putting the HA mission and core values into practice.

To cope with the growing demand due to aging and cross border population in the past year, the Cluster has enhanced the bed capacity, increased the operating theatre sessions and provided additional general out-patient services. To manage the increasing demand for specialist out-patient service, we had also enhanced the efficiency by improving the new cases output by 7.4%. The access block problem in Prince of Wales Hospital (PWH) was still there to stay. Various measures, such as the implementation of the Special Honorarium Scheme for overtime work and employment of part-time doctors, were implemented in the Accident and Emergency Department (A&D), PWH to alleviate the pressure. We appreciate the hardship and perseverance of our professional team to maintain the sustainability of service with a core mission.

A stable workforce was maintained with some increase of manpower in 2012/13. A total of 50 phlebotomists and technical assistants were recruited to relieve doctors and nurses from routine technical tasks for patients. Furthermore, additional 18 allied health professionals, 40 nurses and 51 clerical staff were recruited to strengthen the workforce. Promotion opportunities for frontline doctors, nurses and allied health professional were enhanced through the creation of more promotion positions.

To prepare for accreditation, PWH and North District Hospital (NDH) successfully participated in the Gap Analysis in November 2012. Our preparation work was well supported by the Cluster framework with the involvement of all hospital and Cluster services. The system we

had put in place proved to have contributed a lot to synchronise the input of resources, wisdom and experience during the process. This marked a milestone in NTEC. It could only have been achieved through solid governance and active staff engagement.

The "Excellent Staff Engagement Award" bestowed by The Hong Kong Institute of Human Resource Management (HKIHRM) on 21 September 2012 was the recognition by an outside esteemed organization. It was a great encouragement.

I was also impressed by the continuous improvement in many areas such as the increase in compliance rate of hand hygiene (reaching 86% for the whole Cluster at the end of 2012), improvement in medication safety and occupational safety and health of colleagues to the social media 'YouSay' and their participation in it.

The significant increase of workload and inadequacy of hospital bed capacity remain our priority areas of concern. The shortage of medical doctors caused major concerns in multiple areas of our services. This will remain the biggest challenge to our services in 2013/14.

We accomplished a lot in 2012/13 through the joint effort of every NTECian. Let's continue to strive for our goal: Quality effective health care.

Messages from HCEs

Dr Beatrice CHENG

Alice Ho Miu Ling Nethersole Hospital & Tai Po Hospital

During the year, key service improvements included enhancing psychiatric ward facilities, developing more efficient safety rounds and improving service quality through the Gap Analysis. These achievements spoke for our strenuous efforts in accomplishing the hospitals' commitments and sustainable progress has been made towards the major goals set out in the annual plan of NTEC. All these would not have been possible without our dedicated team of staff who has worked selflessly for the well-being of patients and service implementation in our hospitals.

While we plan for our future development, the Tai Po Hospital is celebrating its 15th anniversary this year. Carrying the theme of "Commitment for Quality Healthcare", a wide variety of celebratory events we have planned throughout 2013 will strengthen the bond among staff members and demonstrate our firm commitment to provide holistic care for the Tai Po residents. Let's join hands to sustain a happy workplace where we serve our patients and contribute to a healthy community.

Dr Theresa LI

Bradbury Hospice & Shatin Hospital

Shatin Hospital (SH) has further developed as a centre for provision of comprehensive rehabilitation services by adopting and incorporating modern technology in the rehabilitation plan of patients. Computer softwares or apps such as XBOX Kinect are used to enhance physical abilities and stimulate cognitive performance of patients. By using readily accessible computer softwares as a training mode, patients can continue their rehabilitation at home or in the community.

Bradbury Hospice (BBH) entered a new phase in 2012. The Cluster Palliative Care Team was set up in November 2012 to strengthen the collaboration and support to the care of terminally ill patients, while BBH serves as a hub for expertise and skills transfer to the Cluster hospitals. BBH is also one of the training centres for providing advanced training for Medical Social Workers working for palliative care in the Hospital Authority.

In the coming year, SH and BBH will continue to provide quality rehabilitative and bereavement services to patients in need. Roles of both hospitals would also be further refined to enhance their support to NTEC.

Dr Herman LAU

Cheshire Home, Shatin

Last year was a highly rewarding and satisfying year for us. We have seen the blossoming of caring culture at the Cheshire Home, Shatin. Everything we did in 2012 revolved around care and love for our residents and our staff members. Every one of us in the hospital is an ambassador, spreading the seeds of caring service. We have colleagues from nurses to supporting staff sharing with us their caring and touching stories in their daily working life. We embarked on lean management to revisit our workflows to remove or reduce waste. The work stemmed from our zeal to achieve continuous quality improvement in our service for our residents. In the process, we also valued our colleagues and we have tried different means to enhance their occupational safety and health. Cheshire Home, Shatin being a big family, we are confident that the caring culture will continue to flourish.

Dr MAN Chi Yin

North District Hospital

North District Hospital (NDH) went through another challenging year of 2012. The workload of both out-patients and in-patients increased. This was compounded by a lack of manpower in medical, nursing, allied health and supporting grades. The pressure on the frontline colleagues was huge. The threat of resistant bacteria from patients across the border was increasing. Nonetheless, thanks to our staff's dedication, we managed to maintain a quality and safe standard of care for our patients as evidenced by a continued increase in appreciation from the patients and relatives over the past four years with a minimal small number of complaints. The absence of infection outbreak in 2012 also did not happen by chance. I would like to express my heartfelt gratitude to all the colleagues who have been working so hard, so dedicated and so patient-centered as to put patients' interest above anything else. On the other hand, last year's Gap Analysis undertaken by the Surveyors of Hospital Accreditation has provided us an opportunity of continuous quality improvement (CQI) in various areas. The rolling out of clinical handover of ill patients and early detection of deteriorating patients are examples of CQI that would have impact on quality and patient safety. With the increase in population in the coming years, it is expected that the challenges and pressures facing NDH will continue to increase.

Message from DHCE

Prof Philip LI

Prince of Wales Hospital

All Staffs of PWH and the CUHK Medical School should have great joy approaching the 30th Anniversary of PWH, which should be the year 2014, less than 4 months ahead of us.

Throughout these 30 years, PWH achieved so much as the teaching hospital of CUHK as well as a community hospital serving the people of Shatin and NTE region. Obviously a lot of quaternary services are supporting the whole of Hong Kong too. Our staffs do take great pride as part of the team of PWH. We also witness a lot of harmony among our Departments and staffs and with patients. We cherish this a lot after almost 30 years of service to the community.

「三十而立」: Our solid foundation of 30 years set the hospital to excel more. While we constantly look for opportunities to have further innovative advances in technology, skills and service models for our patients, we treasure equally how much we have cared for our patients and staff. Despite the heavy workload in the hospital, we always encounter smiling faces in the ward, around the corridor, passing the bridge, within the clinic and virtually everywhere.

Let's keep 'smiling' to the people and to the environment around us in PWH.

I. Overview of Cluster Performance

The NTEC serves a population of 1.3 million. One of our major challenges is to meet the escalating service needs from both local residents in the catchment area and also the cross-border population. As of March 2013, we were operating 4,200 in-patient beds including 3,348 general, 524 psychiatric and 328 infirmary beds, clocking 167,670 in-patient and 90,143 day-patient episodes in 2012/13, representing an increase of 3.4% and 11.1% respectively when compared with 2011/12. There were 409,584 Accident and Emergency (A&E) attendances and 1,065,454 specialist out-patient (SOP) attendances, an increase of 1.9% and 3.2% respectively.

Primary care attendances reached 969,499, registering an increase of 4.7% as compared with 2011/12. Psychiatric service offered 45,647 day attendances, a 2.9% increase from 2011/12. Community Nursing Service provided 126,216 home visits to support our discharged patients, a slight decrease of 3.1%. Total attendances of outreach service for geriatric and psychiatric patients were 79,801 (1.6% more than the past year) and 31,394 respectively (5.7% less than the past year).

We are facing constant pressure in in-patient and out-patient services due to aging and growing population, especially in SOP, A&E and emergency admission patients. To manage growing demand for SOP consultations, we have increased our new cases output by 7.4%. Nevertheless, waiting time for SOP routine cases was long particularly for ophthalmology and gynaecology, owing to the rising service demand and high turnover of experienced staff in the past few years.

For A&E service, we continued to struggle as regards the waiting time for Category 3 patients in the A&E of PWH, due very much to the increase in A&E attendance and high turnover of medical staff. On average, only around 79.3% of the Category 3 patients could be seen within 30 minutes, falling short of the 90% target.

On the other hand, NTEC has attained outstanding performance in many performance indicators. For instance, we had a relatively low unplanned readmission rate of 9.4% (HA: 10.2%). The management of stroke in NTEC had a relatively short average length of stay of 22.8 days (HA: 23.2 days) and a low unplanned readmission rate of 11.9% (HA: 12.5%). Day surgery and same day surgery rates for selected procedures at NTEC have further increased to 55.8 % (HA: 53.6%).

On cancer management, the 90th percentile waiting time for patients receiving radical radiotherapy from decision to treatment was 32 days (HA: 29 days). The 90th percentile waiting time for patients with colorectal cancer, breast cancer and nasopharynx cancer receiving first definitive treatment from diagnosis was slightly longer than the HA average (colorectal cancer- NTEC: 71 days, HA: 66 days; breast cancer- NTEC: 61 days, HA: 54 days; nasopharynx cancer- NTEC: 56 days, HA: 52 days)#. It is however recognized that some of our patients referred to Oncology Centre had already received their primary treatment from the private sector.

The percentage of SOPC, FMSC and GOPC diabetic patients under diabetic control (defined as HbA1c less than target of 7%) was 45.8%. The rate was comparable to HA's overall performance of 45.2%.

The Cluster continued its efforts in enhancing renal service by providing additional hospital haemodialysis (HD) services. The measures have proven to be effective, showing that the percentage of patients with end-stage renal failure receiving HD increased from 20.1% in 2011 to 21.2% in 2012 (HA average: 23.6%)*.

Reporting period of colorectal and breast cancer was from Oct 2011 to Sep 2012.
* Reporting period of haemodialysis services was from 1 Jan to 31 Dec 2012.

II. Cluster Governance & Organization

Over the years, concerted effort has been made to strengthen the governance of the hospitals in the New Territories East Cluster (NTEC).

In 2011, the Cluster further enhanced the governance structure with an aim to develop a stronger and more robust relationship with the Hospital Governing Committees (HGCs) of NTEC hospitals. In particular, the need for strengthening the input of the HGCs to the formulation of Cluster strategies was well recognized. The Cluster Strategy Advisory Committee was formed with the chairmen of the HGCs and HCEs of all hospitals as members. The Committee meets twice a year to review the Cluster strategies, risks and priorities in annual planning. In 2012/13, a major topic discussed by the Committee was the Cluster's 10-year plan in building up the bed capacity.

Membership of the HGCs was reviewed with a view to bringing in new members from the community, including leaders and members from patient groups/District Councils, to reflect the service needs and sentiments of different stakeholders in the community. Representatives of the HGC members are also appointed as members in the Regional Advisory Committee. The HGC feedback system, which has been introduced since 2010, continued to provide views of the HGC members on areas for improvement in HGC functions.

A Corporate Governance Review was carried out by the Hospital Authority Head Office (HAHO) in 2012 to align with the HGC's governance process. The final report of the Phase 2 Corporate Governance Review (conducted by external consultant KPMG) focusing on governance practices at the hospital level for HA was approved by the HA Board together with an implementation plan on 25 April 2013. In fact, most of the recommendations had already been put into practice in NTEC.

In 2012/13, the Cluster initiated an annual review of the Cluster committees. The review included re-visiting the membership, terms of reference and working relationship with other committees as well as the key achievements during the year. The findings would be reported to the Cluster Management Committee. The key achievements had been incorporated in this Cluster Report.

In the near future, we will continue to pay effort on enhancing the effectiveness and performance of each committee, irrespective of if it is Cluster or hospital-based. Each committee will be evaluated annually to gauge the extent of it fulfilling the terms of reference. This is to ensure that the committees could serve the purpose to facilitate communication and improve services within the Cluster.

Hospital Governing Committee Members

Alice Ho Miu Ling Nethersole Hospital

Bradbury Hospice

Cheshire Home, Shatin

North District Hospital

Prince of Wales Hospital

Shatin Hospital

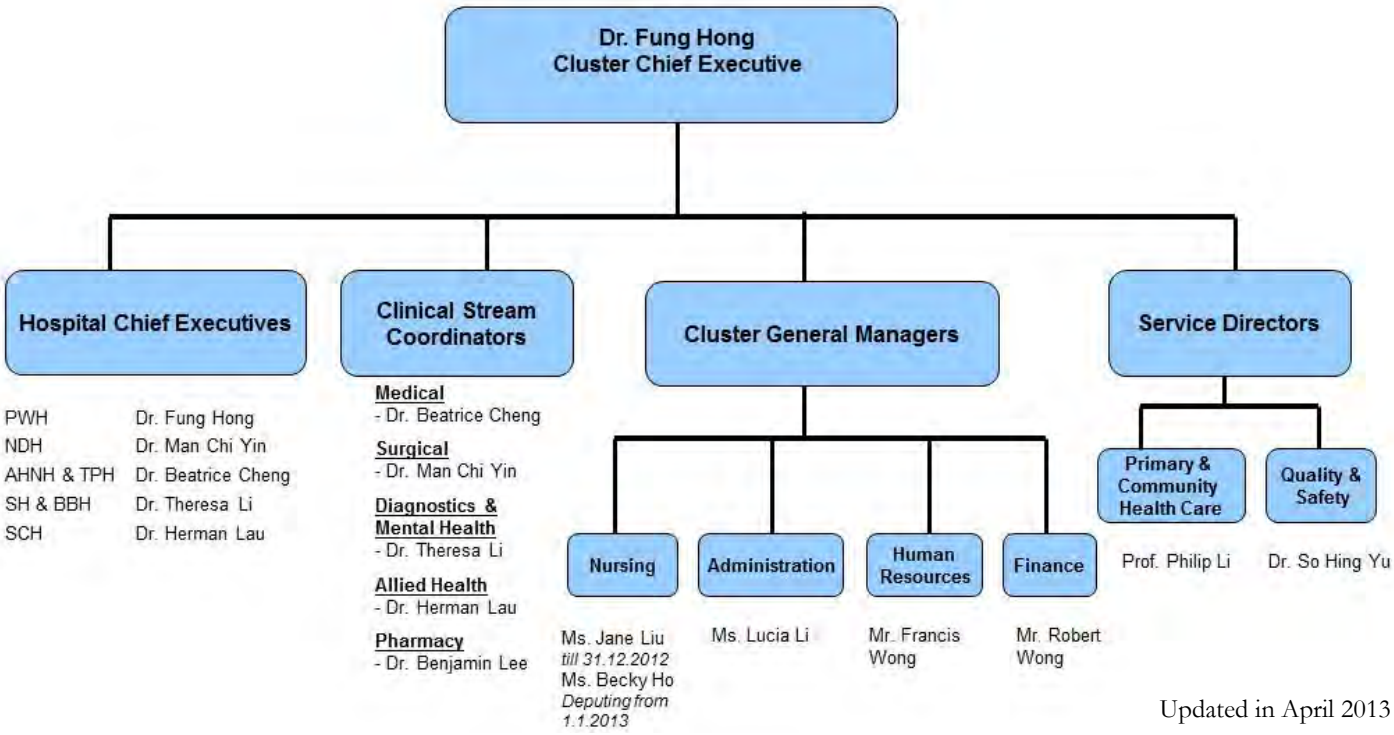
Tai Po Hospital

Cluster Management Committee

Cluster Strategy Advisory Committee

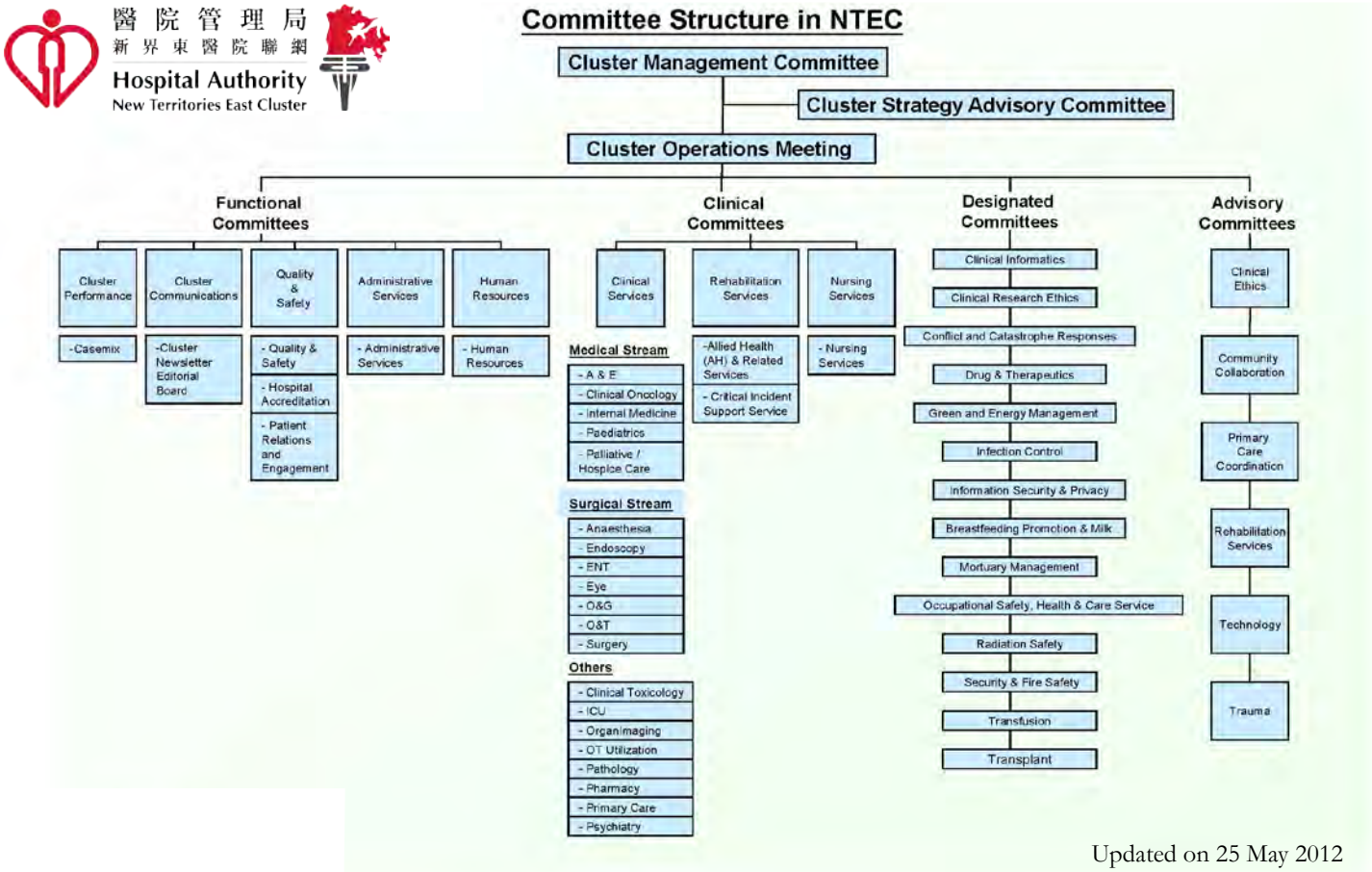
Cluster Management Team

Organization Chart of New Territories East Cluster



Updated in April 2013

Committee Structure in New Territories East Cluster



Updated on 25 May 2012

III. Key Achievements of Targets

A. Allay Staff Shortage and High Turnover

1. Recruit additional 18 allied health professionals to enhance support for patients requiring multi-disciplinary and rehabilitative care.
2. Recruit 40 additional nurses to strengthen the nursing workforce.
3. Enhance promotion opportunities for frontline doctors, nurses and allied health professionals with additional 50 promotion positions.
4. Recruit 50 additional phlebotomists / technical assistants to provide 24-hour support in acute hospitals (PWH, NDH and AHNH) the Cluster to relieve doctors and nurses from routine technical tasks of blood taking, electrocardiogram and intravenous cannulation for patients.
5. Recruit 51 additional clerical staff to provide clerical support in clinical departments to relieve the clerical workload of frontline healthcare professionals.

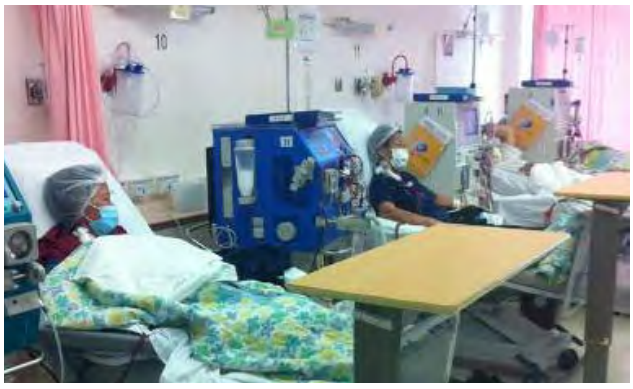
B. Better Manage Growing Service Demand

1. Enhance renal service by providing hospital haemodialysis to serve 15 additional patients; train and support 15 additional patients to receive dialysis at home; and provide automated peritoneal dialysis service to 8 additional patients.
2. Provide 6 additional regular operating theatre sessions for targeted disease groups at PWH.
3. Expand Neonatal Intensive Care Unit (NICU) by adding 1 NICU bed at PWH.
4. Set up a Paediatric High Dependency Unit (HDU) by adding 3 HDU Beds with ventilatory support at PWH.
5. Set up an adult transfusion centre to provide integrated care for adult thalassemia and haemophilia patients who require life-long hospital support.
6. Enhance the diagnostic imaging service to expand the capacity of CT scanning service with 5,000 additional patient attendances.
7. Enhance pharmacy services in Specialist Out-patient Clinics (SOPCs) by increasing the number of dispensing staff.
8. Enhance the public primary care service to deliver an addition of 13,380 General Outpatient Clinic (GOPC) attendances.
9. Scale up the Risk Assessment and Management Program (RAMP) to serve 6,300 hypertensive patients.
10. Enhance Integrated Care and Discharge Support for Elderly Patients Program with post-discharge support of 1,010 patient episodes, 8,130 home visits by case managers, and additional 40 places at Geriatric Day Hospitals.

Department of HDU

HDU bed no 1-3

To set up at the PWH Adult Transfusion Centre



Patients receiving hospital haemodialysis service at PWH under the RAE program on enhancement of renal service in NTEC

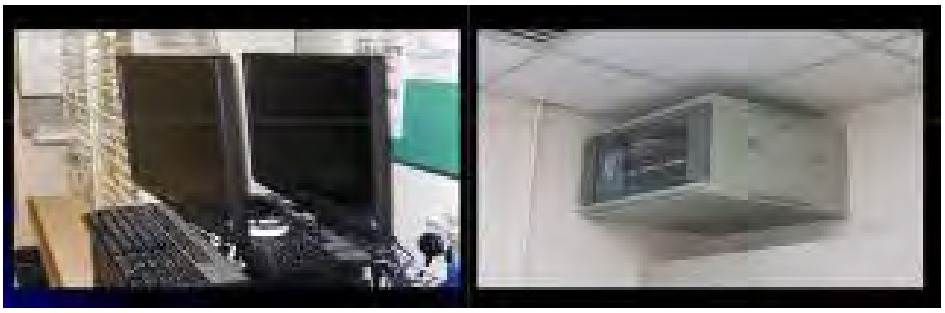
IDSP Team Members and NGO Partners

Media visit to NTEC Community Outreach Services Team Shatin Office and Training Centre

Expansion of GOPC Services

C. Ensure Service Quality and Safety

1. Conduct Gap Analysis at NDH and PWH and set up Quality Officers Team to prepare for accreditation of the hospitals in the Cluster.
2. Introduce baby tag system and enhance security in paediatric and post-natal wards at PWH and AHNH.
3. Modernize the sterilization methods of rigid endoscopes for invasive procedures and surgical implant and related instrument sets for elective surgeries; and pilot at the operating theatres the newly developed corporate tracking and tracing system for surgical instruments at PWH.
4. Enhance transfusion safety by implementing the Blood Bank Automation System at PWH.



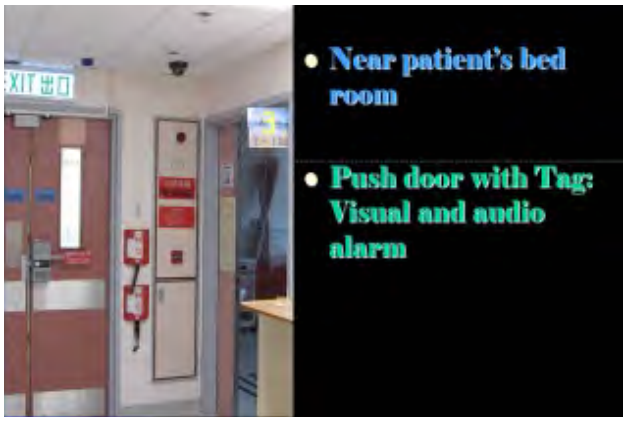
Server of Tagging System

Work Station

Baby Tag and Short Strap

Remote Handheld Control

Main Entrance of Ward



Rear Door Exit

Rigid Endoscope before Sterilization

Rigid Endoscope after Sterilization

Surgical Instrument Tracking System (SITS)

Blood Bank Automation System

D. Enhance Partnership with Patients and Community

1. Expand the patient empowerment programs in collaboration with Non-governmental Organizations (NGOs) for 2,000 additional patients with chronic diseases to enhance patients' self-management skills and reduce the occurrence of secondary complications.

Aerobic Exercise

Group discussion on DASH (Dietary Approaches to Stop Hypertension) diet

Log book for Blood Pressure Self-monitoring

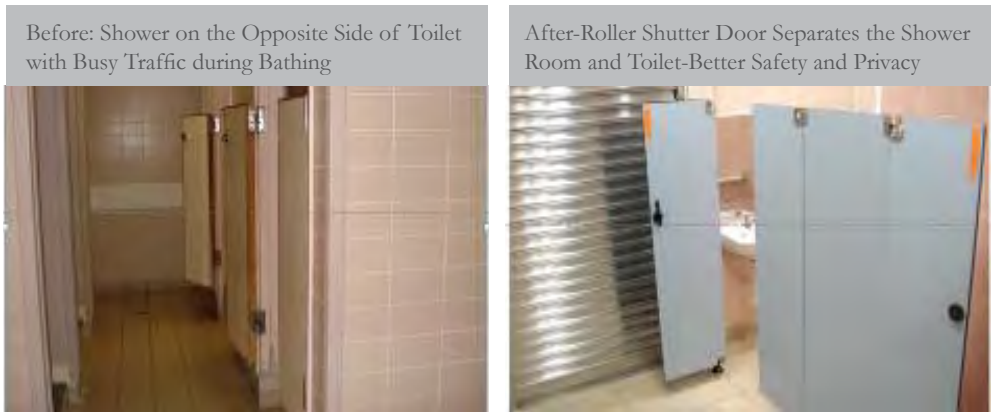
E. Ensure Adequate Resources for Meeting Service Needs

1. Roll out the Enterprise Resource Planning System (ERPS) and modernize the pharmaceutical supply chain processes.
2. Expand Non-emergency Ambulance Transport Service (NEATS) ambulance fleet by recruiting additional drivers and attendants to shorten patients' waiting time and improve the punctuality of service.
3. Employ Radio Frequency Identification (RFID) to improve mortuary service at PWH.
4. Modernize the psychiatric admission wards at TPH to reduce congestion and to enable the provision of multi-disciplinary therapeutic care for acute psychiatric patients.

Enterprise Resource Planning System (ERPS) & Supply Chain Processes

More Sitting Corners

Less Congested Dormitory



Enhanced Privacy and Observation in Shower Room & Toilet

IV. Key Achievements of Cluster Functions 2012/13

A. Administrative Services

Year 2012/13 continued to be another challenging year for NTEC Administrative Services. While facing an increasing workload, we strived to upkeep our standards through the introduction of new measures and systems and we never ceased looking for new avenues to further enhance our service quality.

Transport Service

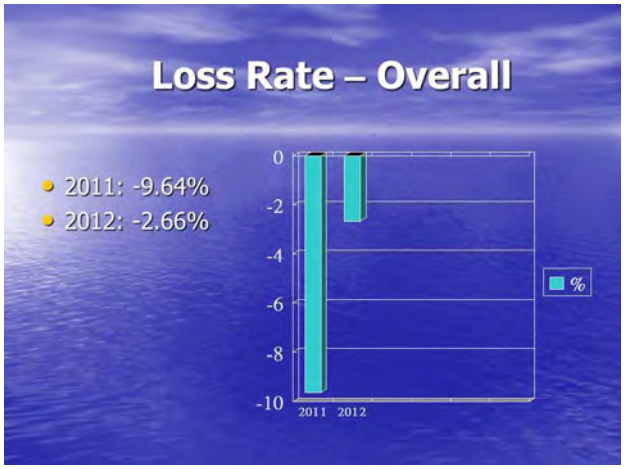
Our Non-Emergency Ambulance Transport Service (NEATS) was extended to cover the Integrated Care Management patients in July 2012, with the daily quota gradually increased by 25% from 180 nos. to 225 nos. since September 2012. The no. of patient trips was increased by 75.2% from 37,394 patient trips in 2007/08 to 65,520 in 2012/13. Facing with an escalating demand, we recruited additional staff. In 2012, we had 77 staff with 26 vehicles in NEATS as compared with 30 staff and 15 vehicles in 1999.

Food Service

Despite the increasing workload, our service quality was maintained which could be testified by our meeting the international standards. The NTEC Food Services successfully maintained the Integrated Management System (IMS), including international standards of ISO9001:2008, ISO14001:2004, OSHAS18001:2007 and ISO22000:2005 for the operations of Central Production Unit (CPU), patient meal services including milk kitchens, and non-patient catering services covering cafeteria and meals-on-wheels services. This IMS certification has been obtained since 2007.

Linen and Laundry Service

For linen and laundry service, adequate supply of linen is one of the prerequisites for effective provision of quality healthcare service to patients. To maintain sufficient linen circulation to support the delivery of clinical services, measures had been adopted in two aspects to achieve the above objective. One was to minimize the loss of linen items with staff education, writing to Old Age Homes, users' briefing and aligning practice across hospitals in the conduct of linen-in-circulation checking exercise. As a result, the overall loss rate in 2012 sharply decreased from 9.64% in 2011 to 2.66% in 2012. The other was to inject additional new stock on the commonly used critical linen items to fill the gap based on the result of the linen-in-circulation check conducted in 2011.



Overview of 6 Commonly Used Linen Items

Item	Description	Loss Rate % 2011	2012
1	Draw Sheet	-38.52	-26.65
2	Bed Sheet	-15.13	-1.91
3	Towel Bath Ward	2.07	8.22
4	Jacket Patient (Checked)	-32.02	4.51
5	Trousers Patient (Checked)	-37.29	-8.59
6	Jacket Bed Adult	-42.63	89.4

Health Information and Records (HI&R) Service

HI&R service implemented the NTEC Guideline on Medical Record Forms on 1 September 2012. With the increasing service need of creating medical record forms for Cluster-wide use, this guideline set a standard on the medical record forms used in Cluster level, including the format, approval mechanism and printing. A new HI&R risk registry had also been established to cover risk factors of HI&R service including medical record management, personal data security & privacy, occupational safety and health and fire hazard. With this risk registry, relevant continuous quality improvement programs were implemented to detect early sign of risk and recommend improvement actions.

Hospital Planning & Facility Management (HPFM)

In 2012/13, two core functional teams, namely Building Day-To-Day Maintenance Team and Estate and Facility Management Team were newly established in April and September respectively.

Building Day-To-Day (BDTD) Service

Two depots with one at PWH and the other at TPH were set up to provide round-the-clock maintenance support to the hospitals and General Outpatient Clinics.

In 2012/13, over 30,500 requests were handled with 29,000 completed. The Team also handled over 260 urgent/emergency cases. A designated homepage is developed for information sharing: http://nteciis02:3388/iHosp/ntec_facmgm/Public/Outcome/Local%20FM/BDTD/Main.mht.

Estate & Facility Management (E & FM) Services

The E&FM team was set up to coordinate a wide spectrum of Cluster-wide E&FM services covering initially space utilization, compliance checking of statutory requirements, collection and collation of facility raw data, etc. for the buildings in the Cluster.

Since the establishment of the Team, strategic plans to sustain green and energy saving environment in NTEC hospitals had been developed. By conducting energy walk-rounds and carbon audits, we had identified further energy saving opportunities. One of the key green initiatives, inter alia, was to monitor the electricity consumption via free Meter On-line Services of CLP Power Hong Kong Limited.

Meter Online

Carbon Audit碳審計
綠色機構 Green Partner

Procurement and Materials Management (P & MM)

P&MM was dedicated to strategic planning and timely procurement of medical equipment and stock items to meet operational needs of clinical departments. In April 2012, the no. of equipment with unit cost <= $0.15Mn was 63,291 (at total value of $710Mn) and those with unit cost >$0.15Mn was 1,586 (at total value of $1,148Mn). To reduce aging equipment with unit cost <= $0.15Mn, $20Mn was obtained from HAHO under Minor Minor Equipment exercise to replace 885 nos. of equipment. It represented 2.8% of total asset value of equipment in this category in NTEC. As for equipment with unit cost > $0.15Mn, P&MM obtained $119Mn from the Capital Block Vote exercise to purchase 182 no. of equipment, representing 10.3% of total asset value of this equipment category in Cluster. Strategically, P&MM analyzed age and distribution of equipment and incorporated phased replacement plan for selected items including endoscopes, ventilator, anaesthetic machine and catering equipment into the bidding exercise. A 3-year acquisition plan of automatic endoscopic re-processor, endoscopes and endoscope cabinets to tie in with the Cluster direction to enhance disinfection of endoscopes.

We provide our service in tandem with the needs of clinical departments. Yet, we will not limit ourselves just to meet the current need and expectation of our clinical counterparts. We will plan the service in contemplation of their future requirements. We will explore new means for effective delivery of services and continue to be the pioneer of our profession as we have always been in the past.

Annual Dinner of Administrative Services

B. Communications

This year, the shortage of manpower and service capacity issue, particularly in the Prince of Wales Hospital, topped the concerns of the media and the legislators. The Communications and Community Relations Section put in sustained efforts to put the various issues into a proper frame to facilitate the understanding.

While handling these emergent concerns, the Section has continued to fortify long-term working partnership with the stakeholders through various platforms. Councilors in North District and Tai Po were invited to visit the North District Hospital to witness first-hand the services on the frontline, while the Alice Ho Miu Ling Nethersole Hospital celebrated her 125th Anniversary with a host of activities, including a fundraising drive which successfully raised $2.4 Mn and earned a lot of goodwill from the community. Media gathering was also arranged during the Lunar New Year for the senior executives in the Cluster to get familiarized with fresh faces in the health beat.

Lunar New Year Gathering of the health beat reporters at Fung Ying Seen Koon

District Councilors visiting the North District Hospital

Launching ceremony of the 125th Anniversary Commemorative Monograph of the Alice Ho Miu Ling Nethersole Hospital

At the same time, the Section also continued to capitalize on the mobile digital trend to engage two other major target stakeholder groups – staff and the public. The internal discussion forum 'YouSay' changed new skin in November 2012 incorporating more user-friendly features. It has fast become the most popular site on the intranet in terms of both viewership and active participation. In collaboration with IT, the Section also helped to improve the look and functionality of the homepage to engage the public. The web magazine HospBlog has been relaunched with new editorial direction and outlook.

The year 2013 has special significance for the Cluster as it marks the 10th anniversary of SARS. Many interviews with staff were arranged to remember their courageous deeds during the ordeal, bearing witness once again that our legendary professional spirit is alive and thriving ten years on.

Cluster Management visited the Gallant Garden to Pay Tribute to staff sacrificed in the SARS battle

Dr Raymond WONG, Consultant (M&T) interviewed by the TVB program Host Astrid CHAN on the TV Special 'SARS - Ten Years On'

C. Finance

During the year, our Department focused our efforts on strengthening the financial reporting mechanism, reviewing and enhancing the system of internal controls related to finance and financial outturn. As a result, we balanced the Cluster's finances with a small surplus.

Governance

Building on the Cluster's Budgetary Control Framework, we enhanced communications with departments and introduced revised budgetary monitoring procedures with the objective of improving our ability to identify, address, and resolve issues early to facilitate good financial planning and achieve sound results.

We continued to regularly report and provide financial advice on the financial risks and financial performance of clinical and non-clinical operations at the Cluster Operations Meetings, Hospital Management/Chief of Services Meetings, as well as to the Hospital Governing Committees of the seven Cluster hospitals.

Besides, we also submitted monthly reports to the Head Office on the Cluster performance and presented the financial situation to the Chief Executive and Directors at quarterly Cluster Management Meetings.

Modernization through Systems

In the current year, we further developed the i-Annual Plan system with a view to semi-automate the issue of the new annual plan budget letters. The targeted benefits include reducing manual processes and the time spent on checking, increasing accuracy and completeness of new annual plan program items.

We co-piloted the implementation of Enterprise Resource Planning (ERP) Pharmacy System in June 2012. One of the major changes in the process flow was the transfer of clerical work from the Pharmacy department to Finance. From an organization point of view, this will relieve the workload of Pharmacy Department so that they can concentrate in their area of expertise.

Besides, we reviewed and updated our processes and system of internal controls to meet the 60% increase in workload and facilitate a smooth transition to the new workflows. The ERP Pharmacy System will be rolled out to other Clusters in fiscal year 2013/14.

NTEC Finance co-developed the private patient module under the Patient Billing Revenue Collection System (PBRC) with HKWC. This new system was successfully piloted at Queen Mary Hospital in January 2013. Our Cluster is preparing to implement the new system in 2013/14.

People

Manpower shortage in NTEC have been successfully addressed and we filled all professional accounting posts during the year. With the manpower situation resolved, we can concentrate on providing high quality and efficient accounting services to colleagues.

We have been developing our staff by providing extensive training, including training courses/ workshops, to enable them to better cope with and adapt to the public sector hospital accounting environment and HA culture. We have received positive feedback from staff and will continue to offer more training opportunities to retain and develop the staff.

As a health care service provider, we also extend our care to our staff. We strongly encouraged our staff to participate in the "健體十式" fitness exercise. Performing stretching exercises at a regular basis can help staff enjoy improved occupational safety and reduce some common injuries. Team spirit has been high as marked by the Department winning the highest number of staff joining the activity.

"健體十式" Fitness Exercise

D. Human Resources

Staff Engagement

Despite a year of manpower shortage for doctors, nurses and supporting staff, the Cluster management continued to make effort in enhancing staff engagement. On personal touch aspect, CCE and senior hospital executives visited each department at least once every year to understand departmental performance and staff concerns. HCEs of individual hospitals also conducted walk rounds to each department to meet frontline staff at their workplace to understand their needs. Regular luncheon meetings with different staff groups were held to gauge the imminent concerns of staff.

CCE Forums were conducted in PWH, NDH and AHNH (video-conferenced to SH & SCH). To increase interactivity with audience, handheld remote voting machines were used to capture instantly display of audiences' response rates and profiles. Topics discussed included "Accreditation – Looking into our gaps"; "Medication Safety", "Gap Analysis", "Building relationship on trust". The forum on "Accreditation" adopted an on-site Questions and Answers approach. Individual HCE also held regular staff forums at his/her own hospital. To elicit interest during Legislative Council election in September 2012, Prof Lee Pang Kwong was invited to deliver a talk on "Election, Legislative Council and us" in the staff forum held in October 2012.

As part of our staff engagement effort, we organized the second Cluster Allied Health Professionals Day, Administrative & Supporting Staff Fun Day, Doctors' Day and Nurses' Day on 14 September 2012, 18 January, 22 & 28 March and 12 May 2013 respectively to recognize contributions of each of the staff group and celebrate their achievements and successes. These celebration used interactive questions and answers format to enhance staff understanding on the various functions and features of each department / unit of each other. The management also grasped this opportunity to recognize staff who had received compliments from our patients in the past year.

The NTEC Sports Fun Club continued to foster staff relations through informal social activities, by gathering staff with common interest and hobbies in sports and other fun areas. The Club strengthened staff's bondage through various social activities and competitions, which cultivated a norm of sharing and participation. On the leisure side, we invited famous photographer Mr Chan Yat Nin to share with us in a Travel Photography Seminar in PWH Auditorium. The Secretary for Food and Health was officiated at the "Give for Life" photo competition presentation ceremony cum organ donation promotion day in Sunshine City Plaza in October 2012. Our Cluster continued to host the HA signature event of HA New Year Run in PWH with much support from our staff.

Our Cluster is proud and honored to have our Cluster dragon boat team representing Hong Kong to win the Osaka International Boat Race in August 2012. With our concerted effort over the past years in building staff engagement, we won the "Human Resource Excellence Award 2012 - Employee Engagement" organized for the first time by the Hong Kong Institute of Human Resource Management. Despite a number of Hong Kong major corporations competing for this award, we are delighted that our effort in staff engagement won the recognition of Human Resource professionals in Hong Kong.

Staff Training

We assisted in conducting the workshop for Nurse Companion Program for senior nurses to polish their perspective and insights in coaching new nurses. Organization of people workshops were regularly held for frontline registered nursed (RNs) and senior nursing managers also participated in the workshops to share their insights in the nursing career.

Hospital-based strategic planning workshops were also held to facilitate brainstorming and develop action plans to improve services. Some departments also conducted team building workshops to enhance team cohesion and mutual understanding at work. The practice of rolling out "one-staff-one-plan" training courses to all staff groups continued since it started with nurses five years ago.

Department i-learn website was developed in collaboration with Quality & Safety, Information Technology, Cluster Nursing Division and various parties. A new e-learning platform incorporated at intranet of NTEC was developed to facilitate easy access and monitoring of completion essential courses that staff need to learn. i-Learn debut in 2012 was set up to orientate new recruits joining our Cluster, targeting for Interns and newly joined nurses.

NTEC Staff Forums

People Workshop for Nurses

International Nurses Day

NTEC Allied Health Professionals Day

NTEC Administrative & Supporting Staff Fun Day

NTEC Doctors' Day

HA Sports Meet

HA New Year Run

Standard Chartered Marathon

Dragon Boat Races

HA Long Service Awards Presentation Ceremony

PWH Spring Reception Dinner 2013

HGC members luncheon with staff

E. Information Technology

"Sustainable Development of Information Technology Services to Support Organization Communication, Operation and Growth"

1. Our NTEC Intranet (iNTEC) Reached 20,000,000 Hits on 18 Jan 2013

The iNTEC is an electronic platform which used by our colleagues in daily communication and operation effectively and promptly. It applies in the areas like the ways we go to connect our email server, keep in touch with our Custer or hospital latest news, browse our department web @iHospital, check our telephone no. in Electronic Staff Directory, etc. It was also amazing that we were able to "catch" the user, Mr. LAI K W with the 20,000,000th hit and took a photo for him with Dr FUNG Hong, our Cluster Chief Executive.

Mr LAI K W of PWH furniture store is the lucky guy to make the 20,000,000th hit at iNTEC

2. PWH Internet Web has Won the OGCIO's "Gold Award" in the Web Accessibility Recognition Scheme 2013

The PWH internet web (www.ha.org.hk/pwh) won the "Gold Award" in the Web Accessibility Recognition Scheme 2013, co-organized by the Office of the Government Chief Information Officer (OGCIO) and the Equal Opportunities Commission (EOC), as a recognition of our Cluster's efforts in adopting effective website designs to facilitate access to website contents and online services by everyone, including persons with disabilities.

「無障礙網頁嘉許計劃」頒獎典禮開幕儀式

蔡小豐女士代表醫院接受金獎。

各主禮嘉賓與「無障礙網頁嘉許計劃」金獎得獎機構代表合照。

獲獎後，醫院可在網站展示「無障礙網頁」標誌

「無障礙網頁」金獎證書

3. IT Governance for "Information Technology" (IT) as a Cluster Shared Service is Well-recognized in PWH, NDH, AHN & TPH Gap Analysis in Australian Council Healthcare on Standard International (ACHSI)

The surveyors of the Australian Council Healthcare on Standard International (ACHSI) commended that the IT management adopted a comprehensive and integrated approach that was led by the Cluster Service Director (Quality and Safety), the NTEC Committee of Cluster Communication (chaired by CCE), the NTEC Committee of Clinical Informatics and with active input from Hospital Authority Head Office IT Division.

Under this strong IT governance, IT provided a Cluster shared service with hospital-based IT staff to oversee the standardized implementation of corporate and Cluster systems and initiatives, IT policies, standards and guidelines effectively and efficiently.

IT guys with Dr H Y SO (SD (Q&S)), Dr C B LEUNG (CC(CI)) and Dr William WONG (CC(SR&E)) in celebrating the harvest for a year

Information Technology Department Web @ iHospital in NTEC which is our integrated and communication platform with all our users in the Cluster

V. Key Achievements of Hospitals 2012/13

A. Alice Ho Miu Ling Nethersole Hospital & Tai Po Hospital

1. Alice Ho Miu Ling Nethersole Hospital Celebrated 125 Years and Beyond

2012 was an eventful and significant year for Alice Ho Miu Ling Nethersole Hospital (AHNH), as we celebrated our 125th anniversary and 15th anniversary of our relocation to Tai Po. The year-long commemorative programs featured Slogan Competition, Thanksgiving Worship, Spiritual Care Fortnight, Community Fundraising Campaign, Holistic Care Conference, community health promotion activities, Anniversary Banquet and launch of 2 anniversary books. These programs provided a good occasion for us to review our remarkable achievements with the staff members, stakeholders and community at large. On the firm foundation of 125 years, we shall remain committed to deliver holistic and patient-centred care with compassionate love for people in need.

The Thanksgiving Worship was held on 3 March 2012 at St Andrew's Church

Dr Nancy TUNG & Dr Raymond CHEN (former Hospital Chief Executives of AHNH) and Dr Beatrice CHENG, current Hospital Chief Executive of AHNH got together to witness the significant milestone of the hospital at 125th Anniversary Banquet on 2 November 2012

Spread the Cheer Among the Guests at the Anniversary Banquet

Two commemorative monographs were presented at the booking launching ceremony on 25 March 2013

The raised fund would be used for the improvement and expansion of our medical services

2. The Accreditation Journey of Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital: Consultancy Gap Analysis

In the course of preparing the hospitals for accreditation, we have gone through staff engagement, self-assessment and quality improvements covering both clinical and non-clinical areas. From 27 to 31 May 2013, a team of surveyors from the Australian Council on Healthcare Standards, the partnering accrediting agent, undertook a preliminary assessment on our readiness for performance evaluation against the standards during the Gap Analysis Survey. It served as an opportunity to uncover the blind spots, identify solutions for the gaps and prioritize action plans for continuous improvements. It was also a good recognition of our dedicated staff members who have contributed to this important milestone in our quality journey.

Colleagues teamed up as a buddy group to provide assistance for the surveyors during the Gap Analysis

Pre-summation conference held on the Fourth Day of the Gap Analysis

3. Introducing New Model of Integrated Quality and Safety Visits

One of the major thrusts in quality healthcare is the enhancement of patient safety. As the key healthcare provider in Tai Po district, it is imperative for AHNH and TPH to continually review its governance measures in quality and safety to ensure they meet the needs along the patient journey. Since November 2012, an integrated team comprising the representatives from Quality and Safety team, advisory hospital management, Central Nursing Department, Administrative Services, Hospital Occupational Safety and Health Committee, Infection Control Team and Pharmacy has been formed to perform Quality and Safety Visits in a systematic, structured, and collaborative manner. Having defined various focus areas for review, such as patient assessment, medication, clinical handover and environmental safety, etc., the Team managed to identify opportunities for improvements effectively, promote cross department learning and support and facilitate efficient clinical governance and staff engagement.

Non-clinical areas, e.g. the catering department was also included in the itinerary of Quality and Safety Visit

The visit involving frontline staff at all levels to encourage effective communications

4. Enhancing Psychiatric Ward Facilities in Tai Po Hospital

Committed to modernize the mental health service that can enhance patient safety and operational efficiency, Tai Po Hospital continued to upgrade the physical environment of its psychiatric wards during the year. The newly renovated psychiatric ward, which will commence operation in mid-July 2013, is equipped with a range of facilities to improve patient and staff wellness. For instance, the ward is divided into cubicles which enhances patient privacy, facilitates better space allocation for patient activities and management of infection control risks. Besides, work environment for staff would be improved, with a larger work station subsequent to the amalgamation of the paired wards.

Ward is in individual cubicles

Enlarged work station for staff with upgrade of facilities.

B. Bradbury Hospice & Shatin Hospital

1. Setting up of NTEC Palliative Care Team

NTEC Palliative Care Team was set up on 1 November 2012 to integrate the expertise of professionals of Bradbury Hospice (BBH) and Shatin Hospital (SH) as well as to enhance the efficiency and flexibility in provision of palliative care service for specific needs of each patient type.

Clinical service has been rationalized with specific roles assigned for different hospitals. BBH serves as a hub with critical mass of expertise and skills for transfer to other NTEC hospitals. It plays a triage and supportive role for terminally ill patients and families, provides support to old age homes, and delivers training to volunteers.

BBH also focuses on psychological palliative care and provides support to patients and their families to deal with psychological, emotional and social problems. Support from Social Workers has been extended to cover the bereaved clients of non-cancer patients of SH and training to HA's Medical Social Workers working at palliative care unit. Service provision by Physiotherapy (PT) and Occupational Therapy (OT) has also been enhanced by enriching the rehabilitative programs delivered at Day hospice.

On the other hand, SH palliative unit is specialized in provision of service to acute palliative care, palliative care rehabilitation and ongoing oncology care. It also provides care to non-cancer patients such as end-stage renal disease patients. North District Hospital (NDH) hospice center focuses on on-site hospital support and provision of community palliative care in North District by establishing an outreach program with close linkage with old age homes.

The rationalization allows staff of different disciplines to have more opportunities for training and sharing of expertise, which paves the way for the provision of higher quality palliative care services to patients.

Team Building Workshop

Patient Group

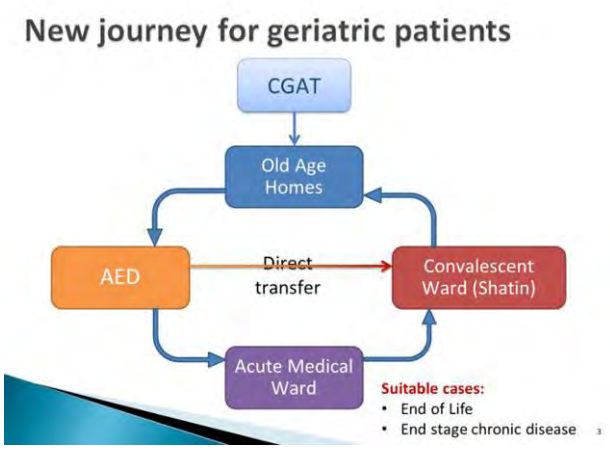
2. New Journey for Geriatric Patients

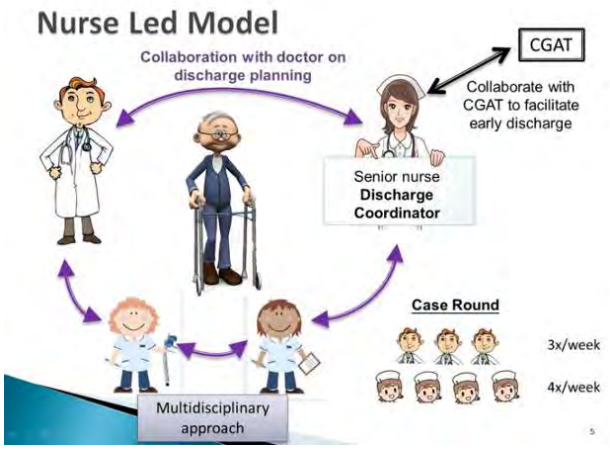
Population aging exerts great pressure on our healthcare system and repeated hospitalization is a common experience for geriatric patients during the last phase of life.

To embrace this challenge, Shatin Hospital implemented "direct clinical admission". Instead of attending the already extremely busy Accident and Emergency Department and then being transferred to medical wards in the acute hospital, suitable patients can be admitted to Shatin Hospital directly without going through the usual admission journey.

To complement this new service, we re-modeled our geriatric in-patient service. A nurse-led model ward was introduced in 7CD to manage patients who are bypassed from AED and were directly admitted. The ward serves 'end-of-life' cases and frail elderly patients with multiple chronic health conditions who do not require intensive medical care, but would benefit from nursing care, e.g. wound care, feeding and symptom relief. During the week, doctors conduct ward rounds on 3 days while nurses' round will be conducted on the remaining days.

We received positive feedback after the service restructuring. Patients and their family members expressed satisfaction on the new service delivery mode while our staff also enjoyed the new work style and attained a higher level of job satisfaction.





Group Photo of Ward 7CD

3. Technology in Rehabilitation

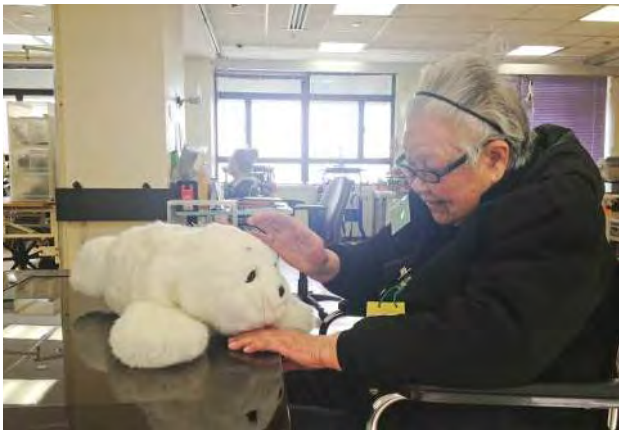
Advancement in technology creates significant changes in lifestyle and improves quality of life of individuals. Technologies can also be applied to rehabilitation settings to enrich the training modalities and extend the continuum of care from a hospital setting to the community and even one's home.

In Shatin Hospital adopted modern technology such as Xbox Kinect for physical rehabilitation, e.g. to train up reaction time, limbs power and balance. We used tablets and touch monitor computers for cognitive rehabilitation, e.g. to train up attention, memories as well as to provide cognitive stimulation to demented patients. Recently, a therapeutic robot seal, Paro, the hospital to train up the social skills of those diagnosed with dementia or Alzheimer's disease.

Furthermore, with the use of modern home automation system, even highly dependent patients can make use of environmental control system to control home appliances. These systems also monitor safety of frail elderly stayed at home.

Patients could also avail of some of the mentioned training softwares for assessment at home. Therapists prescribe individualized computer aid cognitive and physical training program to discharged patients and they can continue the training at home.

In the near future, most of the elders will become experienced and enthusiastic computer users. For this reason, developing new rehab technologies and computer home based training should definitely be one of the future directions to promote wellness and aging in-place.



Robotic Seal – PARO

Ceiling Hoist Harness System for activity of Day Living Training

Multi-touch surface computer – bingo game for leisure

XBOX kinect – local design game

Brain gym – memory training

Tablet PC/IPAD cognitive training

C. Cheshire Home, Shatin

1. The Last Winter was Very Warm for us in Cheshire Home, Shatin

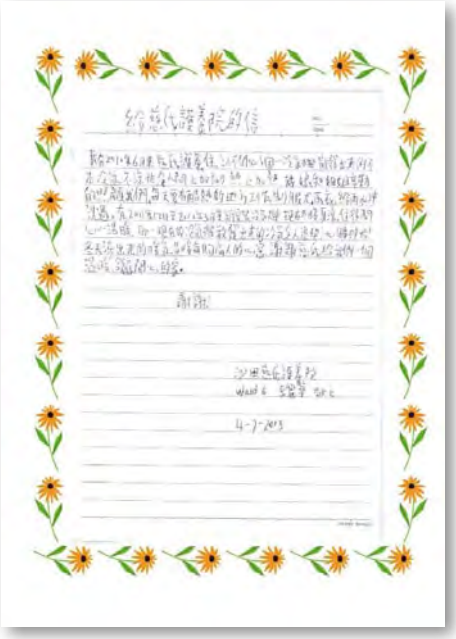
Commencing operation in 1991, Cheshire Home, Shatin boasts the serene environment with committed staff members but the ubiquitous problem of signs of aging does not elude us.

One prominent problem concerns air-conditioning. Apart from the machines being aged in general, the heating function is also absent and the only device available during the winter is the wall-mounted radiators.

Thanks to the support from Cluster Chief Executive and Cluster Facility Management Division, we have managed to replace the air-conditioning system with the one with both cooling and heating function in our wards by phases.

The past winter has been a warm one for us and our residents. We housed our frail residents susceptible to hypothermia in the wards with heat. We are warm at heart and are really thankful.

Replacement of
air-conditioning system



Appreciation letter from resident

2. Skin Care for the Elderly in Cheshire Home, Shatin

In Cheshire Home, Shatin, nurses formulated a mixture of four emollients, so called "SK4" for application on our elderly residents who have dry skin problems.

Olive oil, vaseline, aqueous cream and emulsifying ointment are the ingredients of SK4. The cost of "SK4" is low but it has a long lasting soothing and moisturizing effect. Moreover, the mixture is less sticky and greasy. Our recent zero pressure sore development record sustained for 20 months speaks volumes for its effect!

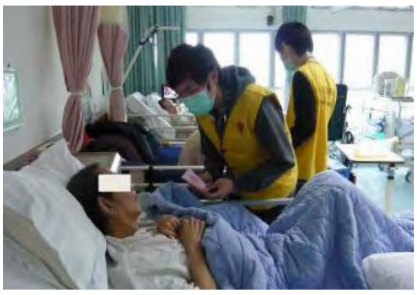
Last winter we collaborated with the Chinese University of Hong Kong to conduct a pilot evidence-based study comparing the effect of our "SK4" and the commercial products on our elderly residents. The result was encouraging. Our colleagues presented the findings in the NTEC Nursing Research Presentation Forum 2012 and ISQua's 30th International Conference Edinburgh.

Application of SK4 cream

Four ingredients of SK4

3. One Resident One Volunteer Program

Volunteer service is an integral part of our patient-centred service. Most of our residents stay in Cheshire Home, Shatin for a very long time. For some, our hospital is in fact their home and final destination while visits by family members or relatives are a distant reality. We launched the "one resident one volunteer program" last year so that there is designated volunteer serving each resident. The purpose is to build up their rapport. We hope to spread the message to our residents that not only do our colleagues care about them, but volunteers also yearn to be familiar with them and provide the necessary support to them. The program consists of bedside visit, garden round, food enjoyment, outing for shopping and to the Chinese restaurants, etc. We have seen that the residents and volunteers gradually develop a stable relationship with trust and it is a positive experience for both parties.

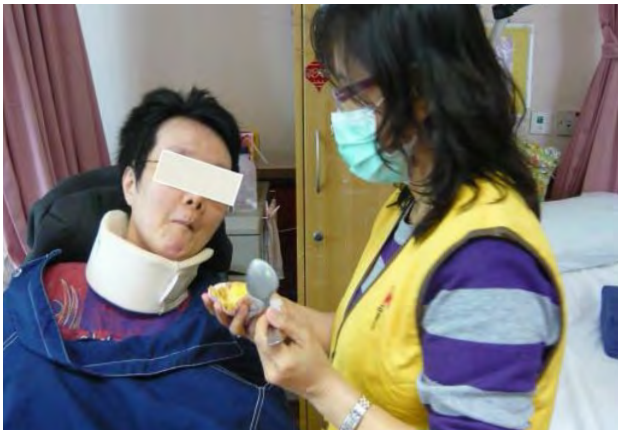


Bedside visit

Garden round

Shopping

Tea outing



Food enjoyment

D. North District Hospital

1. Rolled Out Hospital Wide Clinical Handover & Introduced MEWS (Modified Early Warning Score) for Detection of Deteriorating Patients

A strong drive to quality improvement often arises out of reflections following an adverse incident. This was how the North District Hospital (NDH) set up the Clinical Handover Taskforce in 2012. Not only did it aim at improving communication between doctors, but also between doctors and nurses.

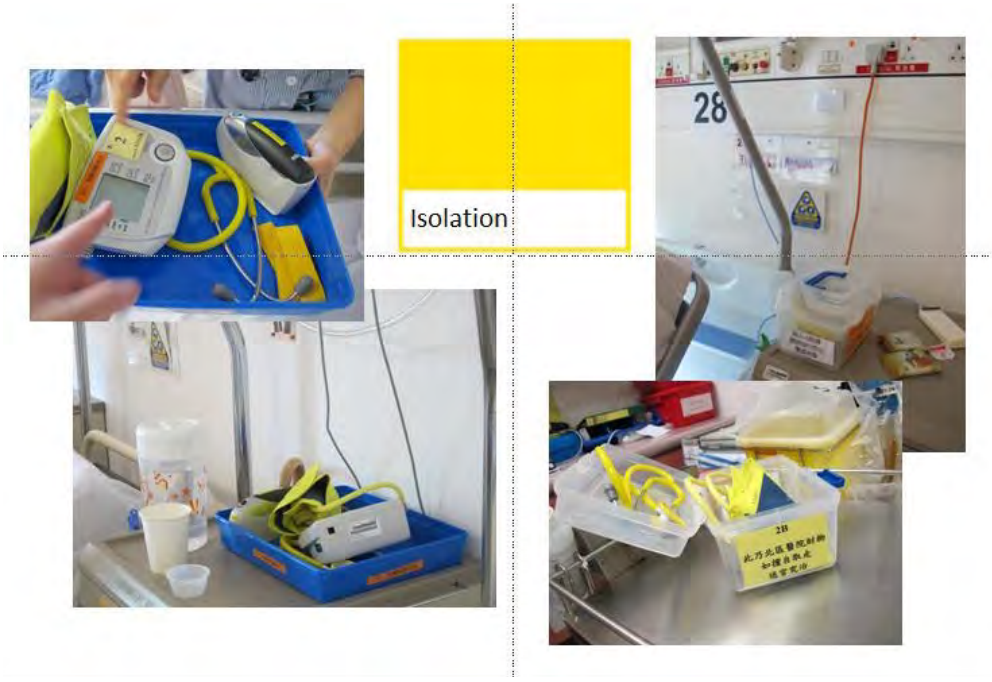
Nurses worked on using Modified Early Warning Score (MEWS) to detect deteriorating patients while doctors enhanced communication on high-risk patients. Following each department's pilot trials, all clinical wards now use MEWS is to quantify patients' condition twice daily. Information on high-risk patients when identified is posted on the white boards with further details recorded in ward registries and patients' medical records. A similar taskforce set up by NTEC has also been sowing the seeds of this handover culture.

Road show on clinical handover

2. Maintained Zero Infection Outbreak Despite Rising Emergence of Multi-Drug Resistant Organisms from Patients Across the Border

Multi-Drug Resistant Organisms (MDRO) has emerged as a worldwide and local infection control hazard. With her strategic location near the Mainland border, NDH faces dual challenges from control of MDRO from local patients and patients across the border.

Success of control of MDRO are multi-facets. The active surveillance screening (MRSA, VRE, CRE, MDRA) and the HA MDRO tagging system facilitated the prompt implementation of infection control measures for patients with MDRO. Support from all walks of the hospital is also a contributing factor. The regularly disseminated MDRO surveillance reports were regularly communicated to the administration, nursing and medical staff in departmental meetings / forums to enhance engagement and collaboration. Administration and frontline staff well supported the various programs for control of MDRO, like the hand hygiene promotion program and antibiotic stewardship program. The cleansing team and administration have contributed to the provision of a clean and safe environment without MDRO in NDH and the success of the hospital cleansing protocol.



Dedicated non-critical Patient Care Equipment for patients with MDRO requiring Contact Precautions

3. Implemented Training Program of ACLS (Advanced Cardiac Life Support) Course for all Frontline Doctors

Currently, there is no central resuscitation team in NDH and management of all the cardiac arrest patients were performed by the respective parent teams. While courses of Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) were internationally recognized to train healthcare personnel to provide quality resuscitation management in cardiac arrest, there was no corporate policy to require an update certification status in BLS and ACLS among frontline doctors. With the support and sponsorship from NDH Charitable Foundation, NDH frontline doctors have been able to take BLS and ACLS training course in the AHA accredited training centre in Hong Kong since 1 April 2013. By the end of July 2013, 33 doctors attended BLS course and 21 doctors attended ACLS course. It was expected that all frontline doctors would receive the above training in two years' time. It is gratifying to see that since 2013, HA has been offering BLS and ACLS training to all pre-intern before they take up their clinical duty.

E. Prince of Wales Hospital

1. Conversion of the Former Accident & Emergency Department into the Eye Centre

The Department of Ophthalmology & Visual Sciences (DOVS) at the Prince of Wales Hospital has been highly efficient in delivering quality tertiary & quaternary service to the population of NTEC. Over the past few years, the specialist out-patient clinic (SOPC) of DOVS had been handling clinic attendance of roughly 90,000 per year, and performing about 1,500 operations per year as day case procedures.

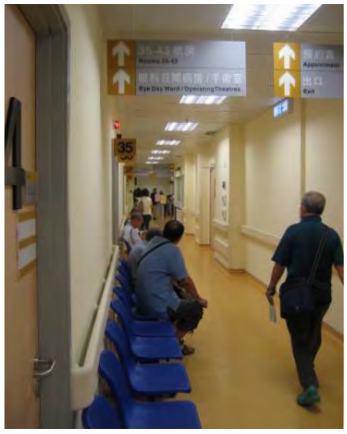
The limited physical space within the old Li Ka Shing (LKS) SOPC has long reached saturation due to the ever-growing demand and aging population of NTEC. Under the capable leadership and kind approval of the Hospital Chief Executive, it become possible for DOVS to relocate to the old A&E Trauma Centre in 2011.

Relocation of the service to the new PWH Eye Centre took place on 17 September 2012 successfully. The additional floor space allows for an expansion to accommodate 4 more consultation rooms, 2 investigation rooms, 1 room for laser treatment, 1 minor operating room, and additional space for other utilities. The most notable improvement in patients' perspective is probably the less overcrowding environment when compared with the old LKS clinic, with capacity of just 150 seats. The new centre has 250 seats and wheel chair & stretchers parking bays is available in the new waiting area. The flow of the clinic is unidirectional to improve ease for patient navigation.

The day surgery centre has the potential to open up one more operating theatre to cater for the future needs of procedures. All the operating theatres meet hospital's infection control standards, and are equipped with a full complement of ophthalmic surgical instruments and equipment for most ophthalmic procedures.

Eye Centre opening ceremony

The 1st team meeting in New Eye Centre



The last week service in Li Ka Shing Specialist Out-patient Clinic

The first day service in new Eye Centre

2. The TrueBeam Radiotherapy System Commenced Service in the Integrated Oncology Clinic in February 2013

TrueBeam is one of the most advanced radiotherapy systems. It is capable of integrating "Gating" technique for irradiating moving targets like lung, liver and pancreas cancers and "RapidArc intensity modulated radiotherapy" for focusing radiation dose to the tumor to improve tumor control and reduce side effects. They system delivers precision radiotherapy, which is an important element of optimal integrated therapy for cancer patients. It commenced service in February 2013 and about 7,000 radiotherapy treatments could be performed each year.

This new service at the Integrated Oncology Clinic, Prince of Wales Hospital became a reality because of a generous donation by LI Ka Shing Foundation to the Chinese University of Hong Kong. Mr Anthony WU, Chairman of the Hospital Authority, Mr LI Ka Shing of LI Ka Shing Foundation and Prof Joseph Sung, Vice-Chancellor of CUHK were officiated at the unveiling ceremony of TrueBeam on 20 March 2013.

In addition to enhancing patient service at the Department of Clinical Oncology, the TrueBeam system also provides opportunities for collaborative research with renowned international cancer centres also equipped with this state-of-the-art technology.

Unveiling of the TrueBeam Radiotherapy System

A token of thanks to the Donor

Staff and guests at the unveiling ceremony

The TrueBeam Radiotherapy System

3. Prince of Wales Hospital 9K Staff Clinic

Hospital Authority (HA) Staff Clinic at the Prince of Wales Hospital was relocate to Ward 9K of Day Treatment Block & Children Wards and started full operation on 23 April 2012. The new 9K HA Staff Clinic, which is under the management of Department of Family Medicine, provides a spacious, comfortable and well-equipped environment for provision of quality medical care service to HA staff and their eligible dependents.

The scope of service includes general medical consultation, pre-employment checkup and vaccination for HA staff. In addition, the clinic is active in health promotion with influenza vaccination program for the staff.

One of the key features of 9K HA staff clinic is the setting up of a fully-equipped fever room for improvement of infection control standard in taking care of fever patients.

Reception

Waiting area

Fever room

Prince of Wales Hospital 9K opening ceremony

Prince of Wales Hospital 9K staff

VI. APPENDICES

A. Key Achievements of Cluster Committees

1. Functional Committees

a. Administrative Services Committee

i. Successfully replaced 885 no. of aged equipment with unit cost <= $0.15Mn and 182 no. of aged equipment with unit cost > $0.15Mn, which represented 2.8 % and 10.3% of the total asset value of the equipment category respectively.

ii. Extended the Non-Emergency Ambulance Transport Service (NEATS) to cover the integrated care management patients with daily quota increased by 25% from 180 to 225 no. The total no. of patient trips of NEATS reached 65,520 in 2012/13.

iii. Implemented the NTEC Guideline on Medical Record Forms by setting up a standard on the minimum requirement of forms used in Cluster and established a new health information and records registry.

b. Casemix Committee

i. Liaised with HAHO to develop the Casemix Reporting System (CRS) to produce the Casemix data in electronic form in December 2012.

ii. Improved the clinical data completeness and achieved the "zero" missing principal diagnosis in acute hospitals of NTEC in 2012/13.

iii. Developed guideline of the "Clinical Documentation Review" to guide the process of review of clinical records in NTEC hospitals in November 2012.

c. Cluster Communications Committee

i. Launched the first e-Cluster report on the work and achievements in 2011-12.

ii. Continued using iNTEC to serve as an important information portal among staff. The accumulated hit counts had passed 20,000,000.

iii. Enhanced various internal and external communication platforms e.g. YouSay, HospBlog, One Touch (website mobile version).

d. Cluster Newsletter Editorial Board Committee

i. Called for photos from staff for selected publication in Net East. This helped to promote interaction with readers and gained positive response

ii. Gained a wider coverage of staff activities in all the seven hospitals in the Cluster for more staff engagement and cohesiveness.

iii. Included mental health as health tips for the staff in the Net East. This included information regarding stress-coping technique and access for mental support in the Cluster.

e. Cluster Performance Committee

i. Identified the pressure areas in clinical services to guide service planning.

- There was presentation on the increase in inpatient admissions, AED attendance, waiting times and access blocks in NTEC in annual planning forums. In 13/14, NTEC annual plan would include improvement programs to address these areas, such as opening of day wards in Department of Medicine, PWH and Department of Paediatrics, AHNH, Children Cancer Centre, PWH and augmentation of manpower in the 3 AEDs.

ii. Standardized the management reports according to the changes of HAHO Controlling Officer's Report (COR) to Hospital Governing Committee, Cluster Operations Committee, Hospital Management Committees and Department Heads as accountability reporting.

iii. Monitored the Casemix report and identified the disease groups which constitute significant disease burden in our Cluster to guide improvements to service efficiency and quality.

f. Hospital Accreditation Steering Committee

i. Led and steered the direction of Hospital Accreditation in NTEC through various activities for staff engagement and communication.

ii. Completed the Gap Analysis for PWH and NDH in 2012, and prepared the Gap Analysis for AHNH and TPH.

iii. Reviewed the Gap Analysis report and Priority Action Items for Cluster improvement.

g. Human Resources Committee

i. Established a workgroup for the NTEC Staff Survey.

ii. Monitored the development of e-Orientation Program for New Staff and Healthy Staff Program.

iii. Provided support and advice to One Staff One Plan Program.

h. Patient Relations and Engagement Committee

i. Rolled out a series of education programs to enhance patient relations and engagement, such as frontline talks and iPartners.

- A total of 230 staff attended two Frontline Talks conducted in acute hospitals last year, covering topics on "Do Not Resuscitate" and "Getting Parties to Agree". Three editions of iPartners were published last year with 3,000 copies distributed to Cluster hospitals and patient groups, and also uploaded onto intranet to facilitate users' easy access.

ii. Successfully conducted the Annual Patient Relations & Engagement Forum themed "Your Path, Our Journey" to explore ways to enhance the relationship between healthcare providers and patients.

- 318 participants, including 71 patients, attended the Annual PR&E Forum in July 2012. Feedback from audience of the event was found to be enthusiastic.

iii. Conducted the consumer participation programs.

- Conducted seven focus group meetings in acute hospitals to collect feedback from patients on hospital services. Forwarded suggested remedial / Improvement measures forwarded to departments concerned for consideration and implementation.

i. Quality & Safety Committee

i. Endorsed seven NTEC Policy / Documents in the area of Medication (4), Document Control (1), Serious Complaint (1), and Risk Management (1).

ii. Promoted safety culture through annual Quality & Safety Forum, Quality & Safety Strategic Retreat, Training and iSMART flyers.

iii. Widely implemented the use of Disposable Gauze Container in Operating Theatre, Delivery Room in NTEC with positive feedback.

2. Clinical Committees

a. Accident & Emergency (A&E) Service Committee

i. Augmented Special Honorarium Scheme (SHS) support to 3 AEDs during the exceptionally long surge in 2012/13

ii. Implemented Evening, Weekend and Public Holiday Support Session Pilot Program for Accident & Emergency Departments at NTEC

iii. Submitted plans and presented to HAHO on augmentation of AED services in 13/14 annual plan at 3 AEDs

b. Allied Heath & Related Services

i. Strengthened the allied health professionals and supporting staff for quality care.

ii. Successfully carried out the lean management training for 42 allied health professional staff with three concrete projects in Dietetics, Occupational Therapy and Physiotherapy Cluster services. All participants the lean management training well received.

iii. Improved patients' accessibility to allied health services by carrying out role enhancement of supporting staff in Clinical Psychology, Dietetic and Speech Therapy services.

c. Anaesthesia Service Committee

i. Established the procedure room workflow to enhance the theatre turnover time in PWH.

d. Clinical Oncology Service Committee

i. Received the donation of a TrueBeam radiotherapy machine by The Chinese University of Hong Kong from the Li Ka Shing Foundation on 18 January 2012.

- The TrueBeam was one of the most advanced linear accelerator models. The TrueBeam was put in clinical service in February, 2013 with opening ceremony officiated by Mr Anthony Wu, Chairman of the Hospital Authority, Mr Li Ka Shing of Li Ka Shing Foundation and Prof Joseph Sung, Vice-Chancellor of CUHK.

ii. Completed the expansion of inpatient haematological oncology ward and presented it in annual planning exercise.

e. Clinical Toxicology Services Committee

i. Organized the "2012 Joint Conference of Drug Safety Research Centres – Recognizing and Preventing Adverse Drug Interactions" held on 21 November 2012. A total of around 300 healthcare professionals attended the Conference.

f. Critical Incident Support Service (CISS) Committee

i. Standardized promotion material for the whole Cluster.

ii. Recruited 12 new members from AHNH & PWH and provided the related training.

iii. Organized memorial services in PWH, SH & TPH for staff with traumatic death.

g. Diagnostic Radiology & Organ Imaging Committee

i. Fully completed the PWH Filmless Project in 2012.

ii. Installed the New wireless Direct Digital Radiography Systems in Old Block X-ray Room 1&2 to provide general radiography services for PWH.

iii. Enhanced CT service by providing more than 5000 additional elective patients under RAE allocation of additional manpower for PWH.

h. Ear, Nose and Throat (ENT) Service Committee

i. Successfully implemented new measures to shorten routine new case waiting time for ENT Specialist Out-patient Department (SOPD) in NTEC.

i. Endoscopy Service Committee

i. Enhanced occupational safety & health by installation of 20 endoscope reprocessors.

ii. Introduced the endoscopic ultrasonography (EUS) and endobronchial ultrasound (EBUS) in NDH.

iii. Introduced off-site call of Endoscopy nurse in PWH.

j. Internal Medicine Service Committee

i. Fully implemented the 24-hour tissue plasminogen activator (tPA) service for stroke patients at PWH covering Monday to Sunday since 17 September 2012.

ii. Maintained the Resource Allocation Exercise (RAE) program on enhancement of renal service in NTEC.

- The program included hospital haemodialysis to serve 15 additional patients, training and supporting 15 additional patients to receive dialysis at home and providing automated peritoneal dialysis service to 8 additional patients.

iii. Established the adult transfusion centre at PWH.

- Transfer of all patients older than 18 years had been transferred from Department of Pediatrics of PWH to the Adult Centre. The weekend transfusion service also commenced in September 2012.

k. Intensive Care Services Committee

i. Marked improvement on the average length of stay of patients in PWH ICU.

l. Nursing Services Committee

i. Strengthened caring culture through enhancing study day arrangement and individualized training plans for nurses.

ii. Engaged patient and public on mixed gender ward arrangement through conducting opinion survey and enhancing information to patients and relatives.

iii. Rolled out patient care plans across all NTEC hospitals.

m. Obstetrics & Gynaecology (O&G) Service Committee

i. Introduced the first laparoscopic hysterocolposacropexy surgery locally.
   - One more surgical option, a uterine preserving surgery had become available for women suffering from uterine prolapse from 2012.

ii. Introduced the in-house clinical genetic services for pre-pregnancy, prenatal and postnatal genetic counseling in 2012.
   - The new service provided proper and detailed explanation and discussion on the risks, implications and management to those families at risk of genetic diseases.

iii. Maintained high quality obstetric services with low perinatal and maternal morbidity and mortality despite the significant increase in the obstetric workload.

n. Ophthalmology Service Committe

i. Successfully and smoothly relocated the PWH office and clinic to Eye Centre.

ii. Achieved the target of cataract output via service reengineering despite the problems of relocation, junior staff composition and shortage of nurses.

iii. Increased the volume of new and old cases without additional resource via active discharge monitoring and guidelines.

o. Orthopaedics & Traumatology (O&T) Service Committee

i. Maintained a high quality service and met target of Key Performance Indicators (KPI) despite a shortage of manpower.

p. Paediatric Services Committee

i. Improved the overcrowding of Neonatal Intensive Care Unit (NICU).
   - In response to the high pressure from cross border patients, one NICU bed in PWH was opened on 1 November 2012, achieving a bed occupancy with over 120%.

ii. Added 3 High Dependency Unit (HDU) beds by 29 October 2012 with 66.6% to 100% bed occupancy.

iii. Completed the plans for PWH Ambulatory Care Unit at Children Cancer Centre (CCC) and AHNH Day Ward and the plans were presented in Annual Planning Exercise.

q. Palliative & Hospice Service Committee

i. Supported Cluster Workgroup on Care of the Dying in promoting end of life care in Cluster hospitals.

ii. Collaborated with different hospital departments for the PWH and NDH to prepare for Gap Analysis in accreditation.

iii. Co-ordinated the HAHO designated palliative care program of Psychosocial Care for Cancer Patients.

r. Pathology Services Committee

i. Implemented the Specialized Microbiology Service.

ii. Established a satellite Blood Collection Center (next to Rapid Response Laboratory in New Block) dedicated for Oncology out-patients of PWH.

iii. Applied 2D Barcode for Positive Patient Identification in Point-of-Care Blood Gas Analysis with Connectivity.

s. Pharmacy Service Committee

i. Implemented the Enterprise Resources Planning (ERP) system for modernization of supply chain of pharmaceutical supplies.

- As one of the two pilot Clusters, all NTEC pharmacies implemented the systems in June 2012 for more comprehensive drug procurement processes and improved stock inventory control.

ii. Improved medication safety by providing centralized pharmacy reconstitution service for high risk medications including chemotherapy drugs, epidural analgesic infusions and some common injections for the neonatal unit. PWH, NDH and AHNH pharmacists also delivered a special education program to patients taking anticoagulant warfarin.

iii. Provided one-year internship training to the first batch of pharmacy graduates from University of Hong Kong.

t. Primary Care Services Committee

i. Further enhanced the Chronic Disease Management for NTEC patients by implementing Integrated Mental Health Program, Diabetic Retinopathy and Smoking Cessation Counseling Program in GOPCs, by involving multidisciplinary teams in service provision.

ii. Enhanced Primary Care service by providing additional episodic quota to improve the access indicators for the target groups i.e. Elderly (>65 years old) and CSSA patients.

iii. Enhanced health education and promotion by setting up a Patient Resource Corner in Fanling Family Medicine Centre.

iv. Further enhanced the primary care with the addition of physiotherapy and occupational therapy services for patients with musculoskeletal problems in Yuen Chau Kok GOPC and Fanling Family Medicine Centre.

Community Outreach Services Team (COST) Service

i. Supported the high-risk elderly patients living in the community through an integrated care model of community services to enhance patients and carers' self-management skills in chronic disease management and reduce patient unplanned readmissions.

ii. Provided post discharge support to low income clients by community nursing service with the support of PWH, AHNH and NDH Charitable Foundation.

u. Psychiatric Service Committee

i. Monitored the drug expenditure of psychiatric service in NTEC and a balance of drug expenditure was successfully achieved.

ii. Enhanced service at various areas on psychiatric service:

- Established the Comprehensive Child Development Services with an outreach service to maternal child care centres for early detection and intervention for mothers at risk of psychiatric morbidity.

- Established the personalized care programs (PCP) for severe mental disorders in Shatin. The PCP program will commence at North District and Tai Po in 2013 and 2014.

- Improved the in inpatient facilities at Psychiatric unit of Tai Po Hospital.

- Enhanced the child & adolescent psychiatry service by setting up a new day center and centralizing service at AHNH

v. Surgical Service Committee

i. Secured recurrent funding to sustain 2 High Dependency Unit (HDU) beds in 2011/12.

ii. Appointed a Nursing Consultant (NC) (Burns).

iii. Improved the surgical outcome of NDH as revealed in the Surgical Outcomes Monitoring & Improvement Program (SOMIP) report Vol. 4.

w. Utilization of Operation Theatres (OT) Services Committee

i. Maximized the utilization of operating theatre despite a lack of resources.

3. Designated Committees

a. Breastfeeding Promotion & Milk Committee

i. Set up breastfeeding rooms in PWH, AHNH and NDH to promote happy staff and happy place.

- Delivered breastfeeding information and support resources through HR to pregnant staff in NTEC in order to better promote breastfeeding.

ii. Conducted "Drill on Safety Hazard Alert of Infant Milk" in PWH and AHNH on 4 February 2013.

iii. Organized "Breastfeeding Week and Seminar" in PWH in August 2012.

b. Clinical Research Ethics Committee

i. Underwent Department of Health Inspection in April 2012.

ii. Underwent ADAMS (HA) Inspection in July 2012.

iii. Underwent State Food and Drug Administration Inspection in September 2012.

c. Cluster Clinical Informatics

i. Enabled the access to the electronic patient records via broadband on the iPad / MacBook to render the provision of 24-hours stroke service in PWH possible.

ii. Enhanced the service quality, patient safety and staff satisfaction for the community psychiatric service in North District through the linking up of Clinical Management System in outreach clinics.

iii. Rolled out filmless X-ray in TPH and AHNH in January 2013 to replace traditional wet films by digital radiology images with the latter becoming readily available in the electronic patient records.

d. Cluster Infection Control Committee

i. Achieved a high compliance rate of 88% on hand hygiene in 2012 for NTEC, compared to 84% in 2011.

e. Cluster Occupational Safety, Health & Care Service Committee

i. Organized NTEC Occupational Safety & Health Forum cum OSH Ambassador Appreciation Ceremony in May 2012 with the participation of 200 staff.

ii. Developed user guide to HA Safety Manual to enhance staff's OSH knowledge. Both staff and accreditation surveyors appreciated the above initiative.

iii. Established a new Occupational Medicine Care Service (OMCS) clinic and a Display Screen Equipment (DSE) training corner in PWH with effect from June 2012.

f. Cluster Radiation Safety Committee

i. Completed the course in Certificate for Radiation Protection Supervisor in Medical Sector accredited by The Hong Kong Radiation Board by 20 NTEC Radiation Protection Supervisors from various Departments.

ii. Achieved great improvement on compliance in the Radiation Monitoring Service by developing an in-house logging system for Thermoluminescence Dosimeter (TLD) badges distributed to PWH, AHNH and NDH for better monitoring of the badge return over.

iii. Established a Helpdesk on Radiation Safety and Protection for staff members in NTEC.

g. Conflict and Catastrophe Responses Committee

i. Launched the website of Conflict and Catastrophe Responses Committee.

ii. Called returns from various departments for updating contingency plans developed and drills conducted.

h. Drug & Therapeutics Committee

i. Maintained rational and cost-effective NTEC drug formulary with reference to the latest recommendation from HA Drug Formulary.

ii. Reviewed prescribing practice and drug utilization to ensure safe and cost-effective use of drugs.

iii. Facilitated the implementation of various guidelines and policies to ensure medication safety.

i. Green and Energy Management Committee

i. Reviewed the governance, structure and composition of committees for green management at both Cluster and hospital levels.

ii. Obtained the Carbon "Less" Certificates for 4 Cluster hospitals – AHNH, BBH, NDH, SCH.

iii. Achieved energy saving initiatives such as replacement of incandescent lamp bulbs with LED lamps and adoption of new technology in air-conditioning system e.g. plan for replacement of traditional chiller units by oil free chiller units.

j. Information Security & Privacy Committee

i. Improved staff awareness by conducting privacy walk around, with an compliance rate increased from 90% to 92%.

ii. Improved staff awareness by conducting Clinical Management System (CMS) access log audit.

iii. Achieved a high compliance rate of 99.4% on personal data security & privacy training (10,226/10,284) as at 2/2013.

k. Mortuary Management Committee

i. Implemented radio frequency identification (RFID) system in PWH.

ii. Obtained accreditation for the autopsy services (AHNH and NDH) under the Hong Kong Laboratory Accreditation Scheme (HOKLAS) scheme.

l. Security & Fire Safety Committee

i. Enhanced staff awareness and knowledge on hospital fire safety.

ii. Improved staff bicycle parking facility.

iii. Reviewed the PWH staff car park permit allocation system.

m. Transfusion Committee

i. Audited and visited all units with satellite blood fridges. Provided recommendations to render support on upgrading or rectifying the hardware issues.

n . Transplant Committee

i. Promoted organ donation in NTEC hospitals and NTEC secondary and primary student groups via NTEC "Give for Life" Kick-off Ceremony of Photo Roving Exhibition organized by NTEC photo club with support by Department of Health.

ii. Promoted organ donation in PWH by Auxiliary Medical Service Cadets in August 2012 in collaboration with Department of Health.

4. Advisory Committees

a. Clinical Ethics Committee

i. Organized the "Do-Not Attempt Cardio-pulmonary Resuscitation" Consultation Forum on 21 January 2013 with 80 attendees.

b. Community Collaboration Coordinating Committee

i. Collaborated with Non-governmental Organizations (NGOs) in NTEC district and to provide information for Integrated Care Model program to Non-governmental Organizations (NGOs).

ii. Improved the planning of service provided by Patient Resources Centre.

c. Primary Care Coordination Committee

i. Evaluated the effectiveness of Shared Diabetes Mellitus Care Program (SDMCP).

ii. Revamped the webpage for Primary Care Coordinating Committee.

d. Rehabilitation Services Committee

i. Set up the committee in 2012 with membership and Terms of Reference endorsed.

ii. Conducted a stock-take on the multi-disciplinary treatment protocols and guidelines related to rehabilitation services.

e. Technology Committee

i. Reviewed the existing mechanism of introduction of new technology and formulated plan to roll it out to other NTEC hospitals and departments by phases.

ii. Worked out the mechanism to limit infusion pump models in each location to minimize risk of potential manipulation confusion endangering of patient safety.

iii. Established relationship with NTEC IT and provided a platform to communicate with NTEC IT on procurement and management of medical equipment involving IT elements. Besides, roadmap & logistics for efficient exchange of clinical data with approved clinical equipment or systems was established.

f. Trauma Committee

i. Enhanced the workflow of Massive Blood Transfusion Protocol.

ii. Improved patient comfort by providing "Miami J" neck collar.

iii. Implemented a new guideline "Guideline on administration of Tranexamic Acid in Trauma".

B. Key Performance Indicators & Statistical Reports

New Territories East Cluster

KPIs for Service Performance - Part A (Apr 2012 - Mar 2013)

				NTEC		
				Current Year	Prior Year	
				YTD Mar 2013 A	YTD Mar 2012 B	Variance C = (A - B) or (A - B) / B
Service Growth in response to Population Change & Ageing Effect						
Service capacity (as at 31.03.2013)	K	*	**No. of geriatric day places** (excluding day places under program of "Integrated Discharge Support Program" (IDSP))	160	145	15
		*	**No. of psychiatric day places**	185	185	0
Inpatient services	K	*	**No. of patient days (IP BDO)**			
			General - Acute	978,724	948,693	3.2%
			Mentally Ill	127,789	133,967	-4.6%
			Infirmary	98,606	99,028	-0.4%
			Overall	**1,205,119**	**1,181,688**	**2.0%**
Accident & Emergency (A&E) services	K	*	**No. of First Attendances for:**			
			Triage I (Critical cases)	2,657	2,703	-1.7%
			Triage II (Emergency cases)	7,627	6,944	9.8%
			Triage III (Urgent cases)	96,818	96,444	0.4%
Primary care services	K	*	**No. of family medicine specialist clinic attendances (FM)**	59,300	57,700	2.8%
	K	*	**# Total no. of primary care attendances** {including: GOPC attendances [(GOPC:total attends by doctor + by nurse) + (IMHP:attnds by doctor + by nurse + by Allied health staff) + (attnds generated under Healthcare Reform Initiative (HRI) program)] and FMSC attendances}	**969,499**	**926,118**	**4.7%**
Day services	K	*	**# No. of rehabilitation day & palliative care day attendance (RDP-ANA)**	**6,554**	**6,307**	3.9%
	K	*	**# No. of geriatric day attendance (GDH)** (excluding attendance under program of "Integrated Discharge Support Program" (IDSP))	**27,967**	**26,907**	3.9%
Community & outreach services	K	*	**# No. of allied health (community) attendances**	**10,275**	**10,167**	1.1%
	K	*	**# No. of geriatric elderly persons assessed for INF care service**	**361**	**244**	48.0%
	K	*	**# No. of psychogeriatric outreach attendances** (including: PGT: no. of outreach attendances: total + PGT: total no. of home visits + PGT: total no. of consultation-liaison attendances)	**14,809**	**16,085**	-7.9%

Remarks:

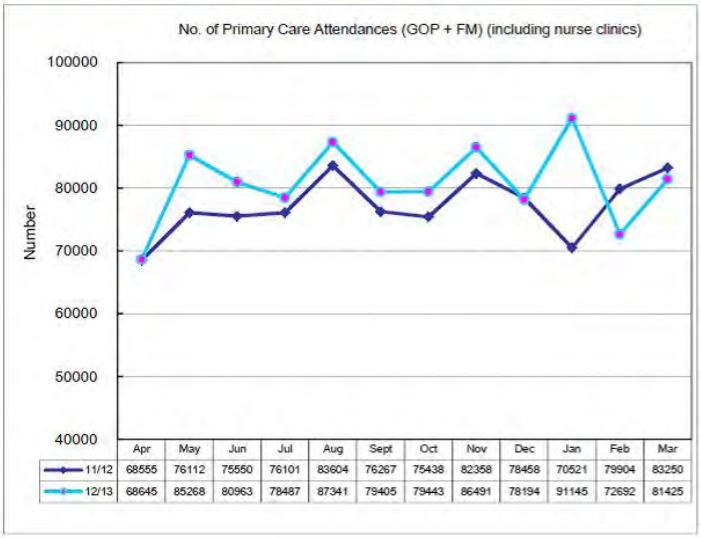
with graph presented

Blue > 5% above prior year

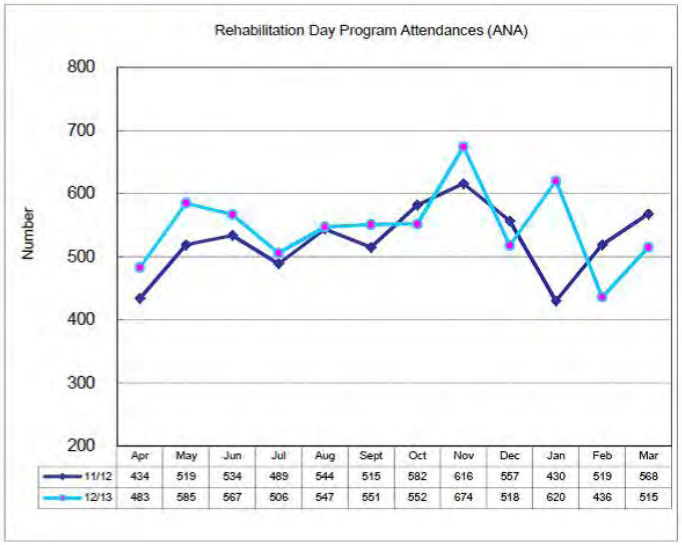
Green > 5% below prior year

K KPI
Q QPI
* COR item

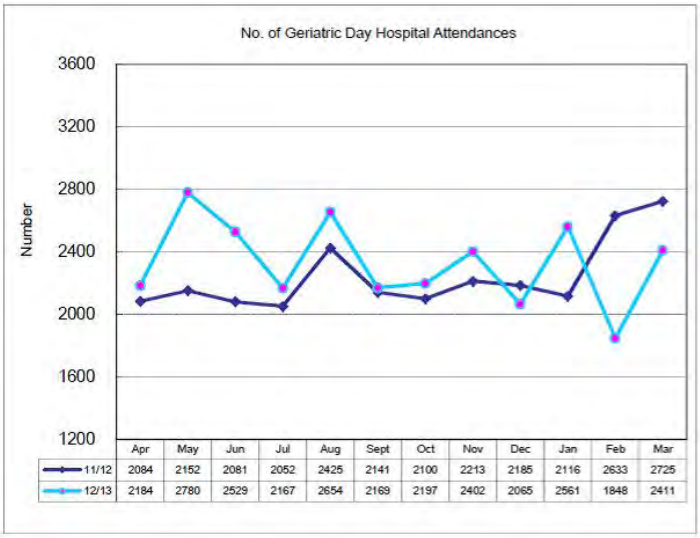
Service Growth in response to Population Change & Ageing Effect (cont'd)



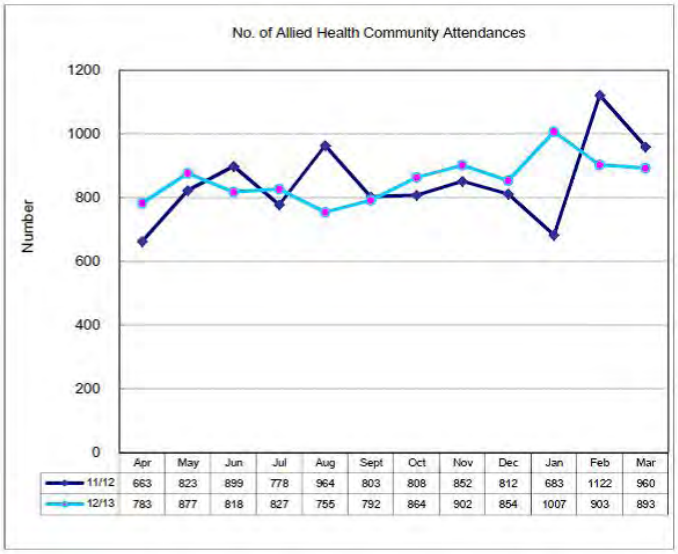
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
11/12	68555	76112	75550	76101	83604	76267	75438	82358	78458	70521	79904	83250
12/13	68645	85268	80963	78487	87341	79405	79443	86491	78194	91145	72692	81425



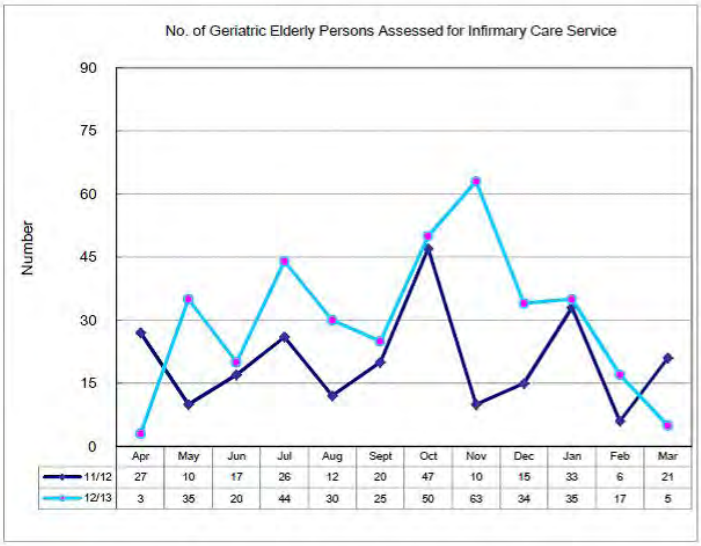
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
11/12	434	519	534	489	544	515	582	616	557	430	519	568
12/13	483	585	567	506	547	551	552	674	518	620	436	515



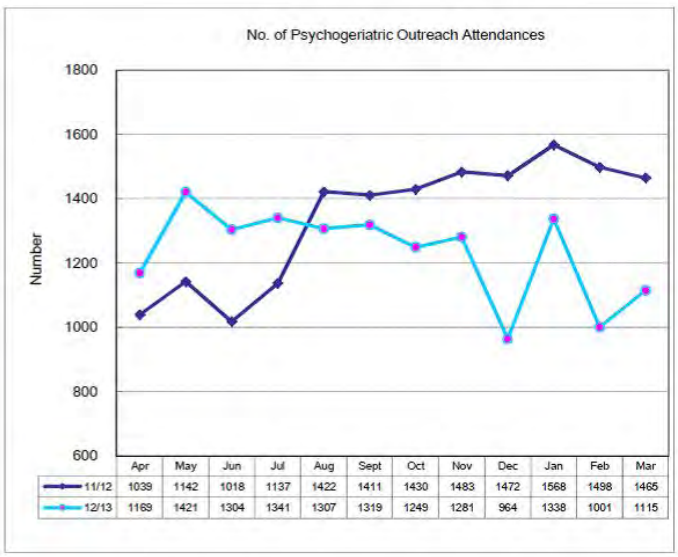
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
11/12	2084	2152	2081	2052	2425	2141	2100	2213	2185	2116	2633	2725
12/13	2184	2780	2529	2167	2654	2169	2197	2402	2065	2561	1848	2411



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
11/12	663	823	899	778	964	803	808	852	812	683	1122	960
12/13	783	877	818	827	755	792	864	902	854	1007	903	893



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
11/12	27	10	17	26	12	20	47	10	15	33	6	21
12/13	3	35	20	44	30	25	50	63	34	35	17	5



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
11/12	1039	1142	1018	1137	1422	1411	1430	1483	1472	1568	1498	1465
12/13	1169	1421	1304	1341	1307	1319	1249	1281	964	1338	1001	1115

New Territories East Cluster

KPIs for Service Performance - Part B (Apr 2012 - Mar 2013)

			Current period		Previous period	
			NTEC	Overall HA	NTEC	
Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives			Apr 2012 - Mar 2013		Apr 2011 - Mar 2012	Variance
			A	B	C	D = (A - C) or (A - C) / C
		% of A&E Patients within Target WT				
K	*	Triage I (Critical cases - 0 minutes, 100%)	100%	100%	100%	0%pt
K	*	Triage II (Emergency cases- <15 minutes, 95%)	96.1%	97.0%	96.1%	0%pt
K	*	Triage III (urgent cases- <30 minutes, 90%)	79.3%	83.8%	83.9%	-4.6%pt
K	#	Triage IV (Semi-urgent cases- <120 minutes, 75%)	77.0%	73.4%	82.9%	-5.9%pt
Waiting Time for SOP New Case Bookings		**Median waiting time for 1st appointment at specialist clinics**				
		Overall				
K	*	1st priority patients (≤ 2 weeks)	<1	<1	<1	0
K	*	2nd priority patients (≤ 8 weeks)	4	5	4	0
		ENT				
K		% of patients seen within 2 weeks for 1st priority patients	97.9%	98.5%	96.8%	1.1%pt
K		% of patients seen within 8 weeks for 2nd priority patients	97.8%	98.2%	97.6%	0.2%pt
K	#	90th percentile of waiting time of routine cases (weeks) (new item)	62	43	81	- 23.5%
		Gynaecology				
K		% of patients seen within 2 weeks for 1st priority patients	94.7%	96.1%	94.0%	0.7%pt
K		% of patients seen within 8 weeks for 2nd priority patients	91.7%	97.5%	94.5%	-2.8%pt
K	#	90th percentile of waiting time of routine cases (weeks) (new item)	125	70	105	19.0%
		Medicine				
K		% of patients seen within 2 weeks for 1st priority patients	96.6%	97.6%	97.2%	-0.6%pt
K		% of patients seen within 8 weeks for 2nd priority patients	97.7%	98.5%	97.3%	0.4%pt
K	#	90th percentile of waiting time of routine cases (weeks) (new item)	71	68	70	1.4%
		Ophthalmology				
K		% of patients seen within 2 weeks for 1st priority patients	97.8%	98.9%	96.1%	1.7%pt
K		% of patients seen within 8 weeks for 2nd priority patients	97.4%	97.9%	97.8%	-0.4%pt
K	#	90th percentile of waiting time of routine cases (weeks) (new item)	155	73	115	34.8%
		Orthopaedics & Traumatology				
K		% of patients seen within 2 weeks for 1st priority patients	98.6%	98.8%	98.9%	-0.3%pt
K		% of patients seen within 8 weeks for 2nd priority patients	97.1%	98.3%	98.1%	-1.0%pt
K	#	90th percentile of waiting time of routine cases (weeks) (new item)	112	107	99	13.1%
		Paed. & Adolescent Med.				
K		% of patients seen within 2 weeks for 1st priority patients	95.7%	98.4%	97.0%	-1.3%pt
K		% of patients seen within 8 weeks for 2nd priority patients	98.3%	97.8%	99.0%	-0.7%pt
K	#	90th percentile of waiting time of routine cases (weeks) (new item)	50	35	34.0	47.1%
		Psychiatry				
K		% of patients seen within 2 weeks for 1st priority patients	96.3%	96.9%	94.1%	2.2%pt
K		% of patients seen within 8 weeks for 2nd priority patients	97.0%	97.5%	96.4%	0.6%pt
K	#	90th percentile of waiting time of routine cases (weeks) (new item)	81	70	100	- 19.0%
		Surgery				
K		% of patients seen within 2 weeks for 1st priority patients	95.2%	95.6%	96.3%	-1.1%pt
K		% of patients seen within 8 weeks for 2nd priority patients	94.1%	96.9%	95.1%	-1.0%pt
K	#	90th percentile of waiting time of routine cases (weeks) (new item)	100	110	79	26.6%

Remarks:

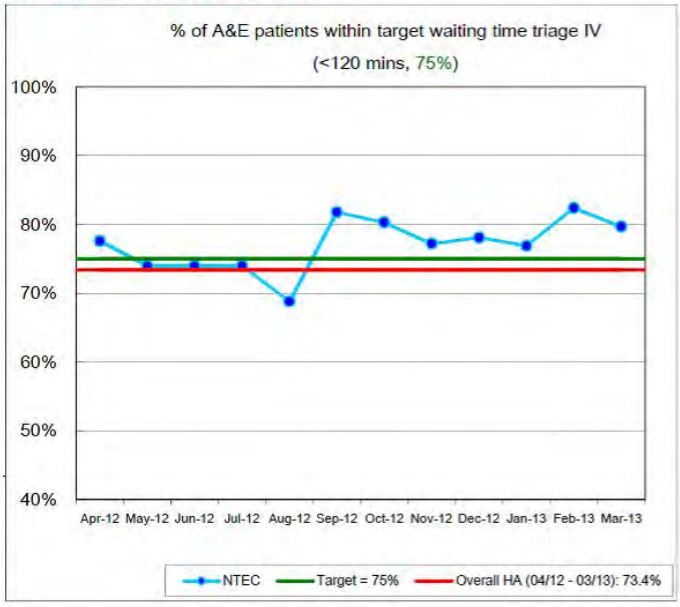
with graph presented
K KPI
Q QPI
* COR item

Blue > 5% above previous period

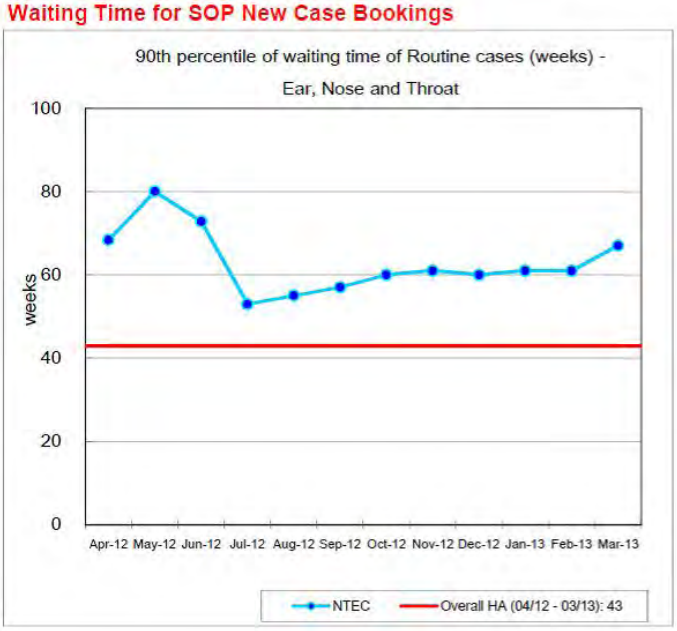
Green > 5% below previous period

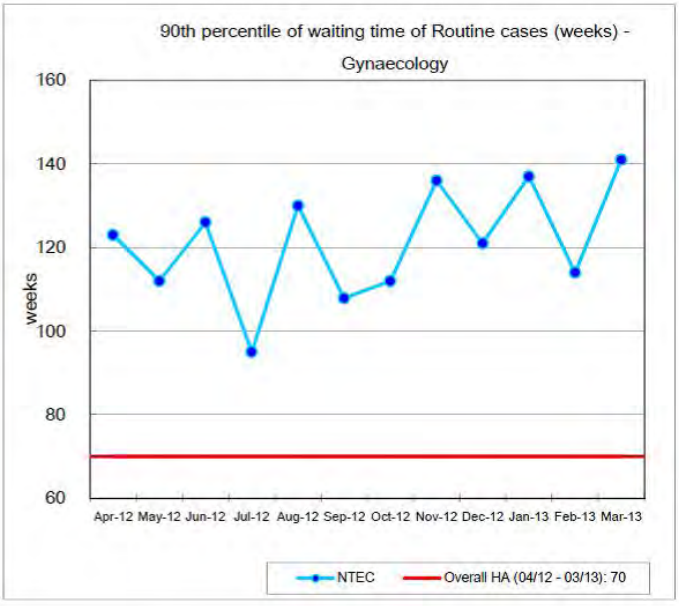
Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives (cont'd)

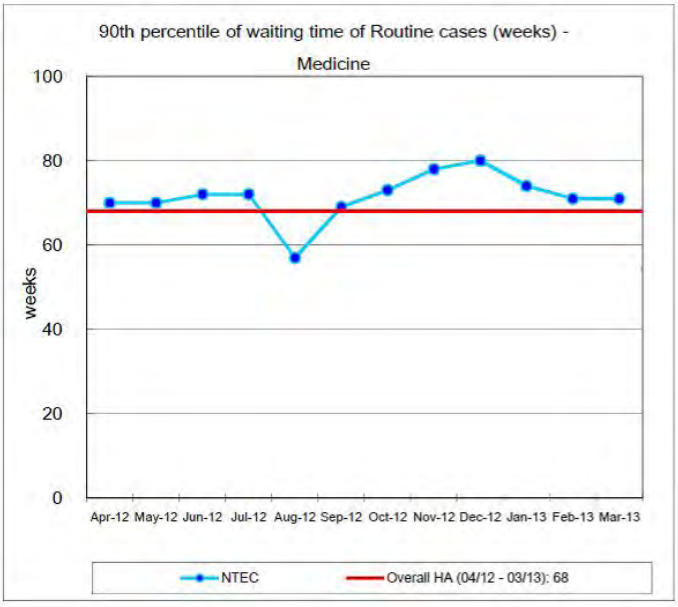
Waiting time for A&E services

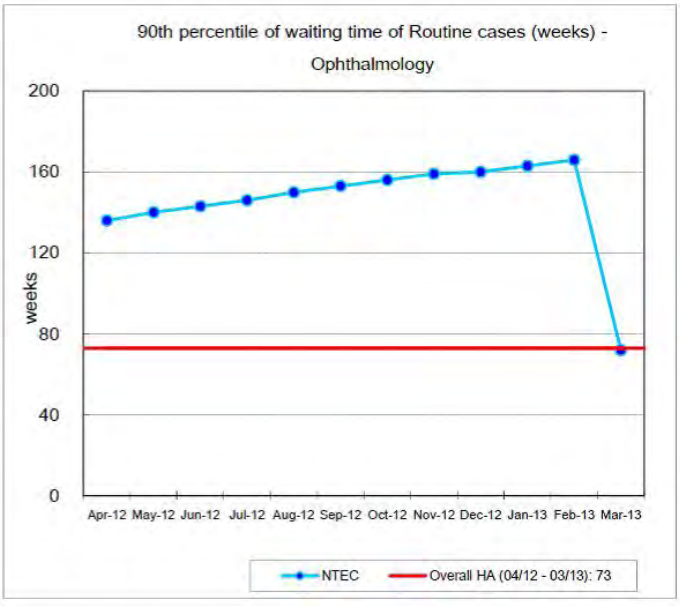


Waiting Time for SOP New Case Bookings



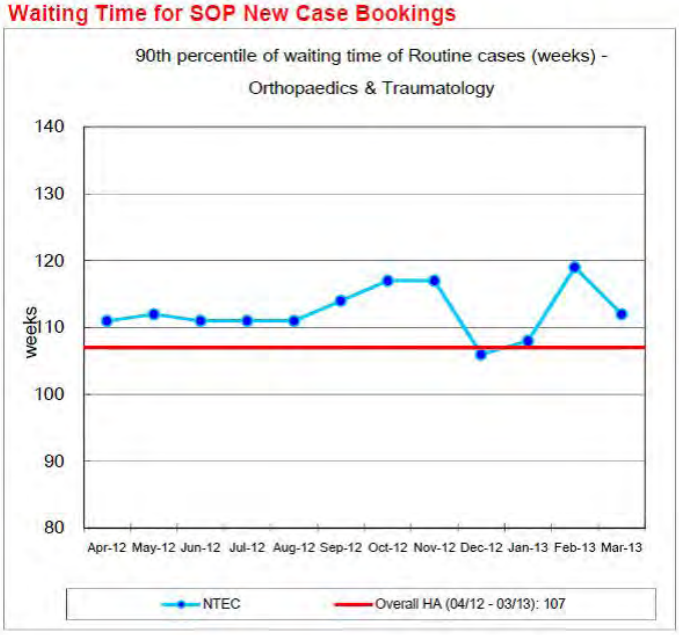


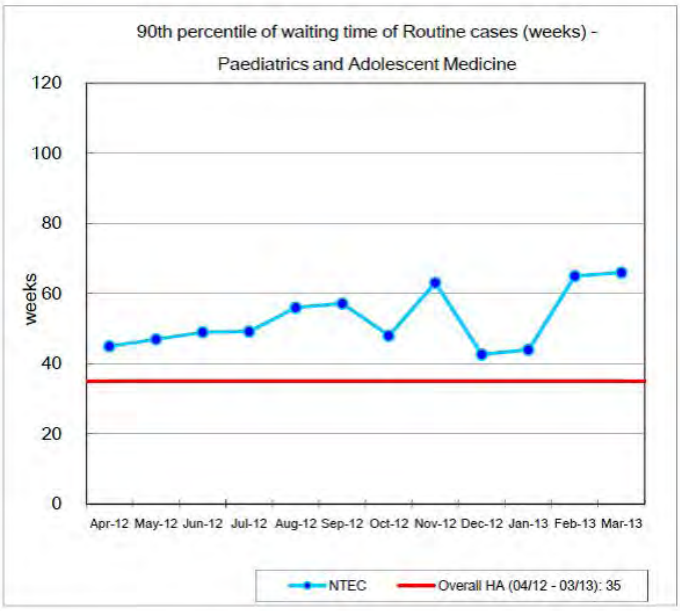


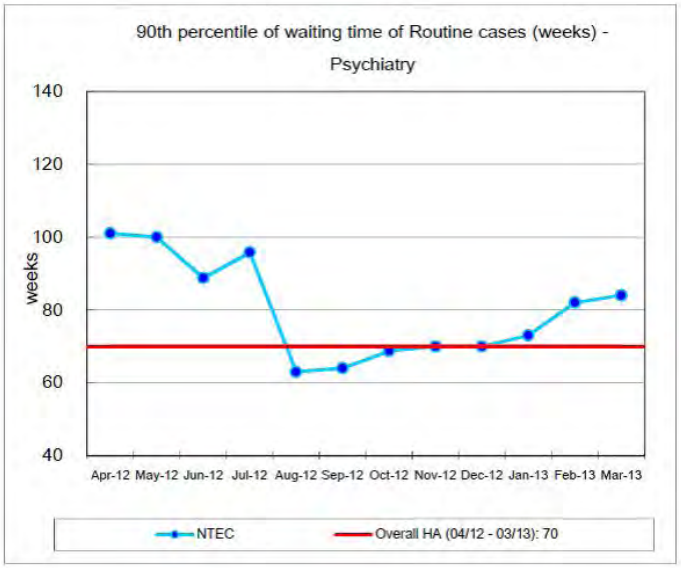


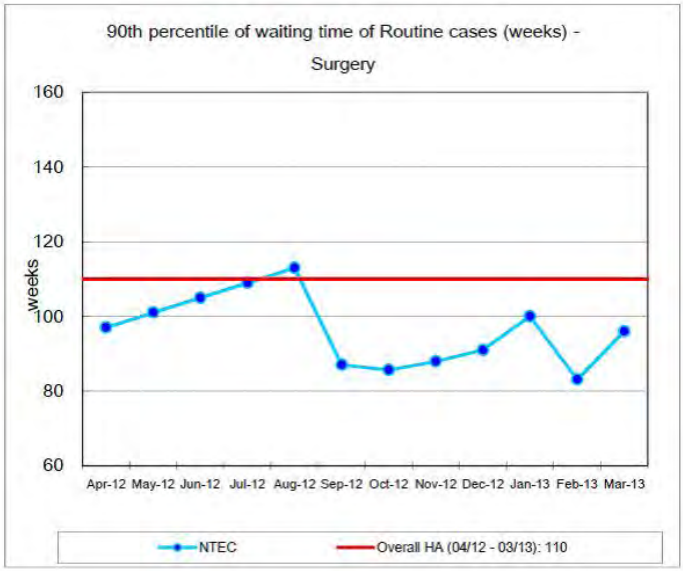
Service Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives (cont'd)

Waiting Time for SOP New Case Bookings









KPIs for Service Performance - Part C (Apr 2012 - Mar 2013)

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives (cont'd)				Current period		Previous period	
				NTEC	Overall HA	NTEC	
				Apr 2012 - Mar 2013		Apr 2011 - Mar 2012	Variance
				A	B	C	D = (A - C) or (A - C) / C
Waiting time for elective surgery			**Waiting time for cataract**				
	K	#	% of patients provided with surgery within 2 months for Priority 1 (P1) patients	(Feb 2012 - Jan 2013) 91.3%	90.5%	(Feb 2011 - Jan 2012) 92.3%	-1.0%pt
			(Internal target : 80%)				
	K	#	% of patients provided with surgery within 12 months for Priority 2 (P2) patients	(Apr 2011 - Mar 2012) 88.4%	96.0%	(Apr 2010 - Mar 2011) 96.5%	-8.0%pt
			(Internal target : 90%)				
			Waiting time for TURP				
	K	#	% of patients provided with surgery within 2 months for Priority 1 (P1) patients	(Jul - Dec 2012) 53.4%	71.4%		
	K	#	% of patients provided with surgery within 12 months for Priority 2 (P2) patients	(Apr 2011 - Mar 2012) 100.0%	95.3%		
Access to General Outpatient Clinic (GOPC) Episodic Illness Service	K	#	% of IVAS call-in elderly patients offered with GOP appointment in 2 working days	96.6%	96.5%	94.6%	2.0%pt
			(Internal target : 95%)				
	K	#	% of IVAS call-in elderly and CSSA and non-CSSA waiver patients offered with GOP appointment in 2 working days	94.9%	94.4%	91.1%	3.7%pt
			(Internal target : 95%)				
Appropriateness of care		#	Standardized admission rate for A&E patients	27.2%	27.7%	26.0%	1.2%pt
Safety	K	#*	Unplanned Readmission Rate within 28 days for general in-patients (%)	9.4%	10.2%	9.6%	-0.2%pt
			Infection rate				
			MRSA				
	K		MRSA bacteraemia per 1000 patient days	(Jan - Mar 2013) 0.0987	0.0976	(Jan - Mar 2012) 0.0785	25.7%
	K		MRSA bacteraemia in acute beds per 1000 acute patient days	(Jan - Mar 2013) 0.1529	0.1491	(Jan - Mar 2012) 0.1199	27.5%
	Q		(Internal Target : <0.1258)				
	K		MRSA bacteraemia per 1000 patient days	(Jan - Dec 2012) 0.0829	0.0911	(Jan - Dec 2011) 0.0761	8.9%

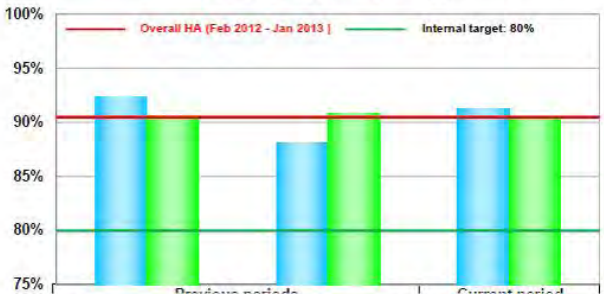
Remarks :
\# with graph presented
K KPI
Q QPI
* COR item

Blue > 5% above previous period
Green > 5% below previous period

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (cont'd)

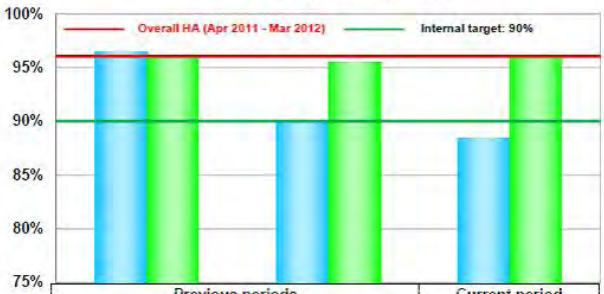
Waiting time for elective surgery - Waiting time for cataract

% of patients provided with surgery within 2 months for Priority 1 (P1) patients (cataract)



	Previous periods		Current period
	Feb 2011 - Jan 2012	Aug 2011 - Jul 2012	Feb 2012 - Jan 2013
NTEC	92.3%	88.1%	91.3%
Overall HA	90.7%	90.9%	90.5%

% of patients provided with surgery within 12 months for Priority 2 (P2) patients (cataract)



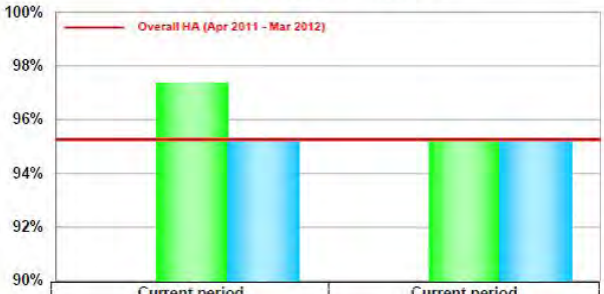
	Previous periods		Current period
	Apr 2010 - Mar 2011	Oct 2010 - Sep 2011	Apr 2011 - Mar 2012
NTEC	96.5%	89.9%	88.4%
Overall HA	95.9%	95.5%	96.0%

Waiting time for elective surgery - Waiting time for TURP

% of patients provided with surgery within 2 months for Priority 1 (P1) patients (TURP)

	Current period	Current period
	Jul 2012 - Sep 2012	Jul - Dec 2012
NTEC	63.3%	53.4%
Overall HA	74.3%	71.4%

% of patients provided with surgery within 12 months for Priority 2 (P2) patients (TURP)

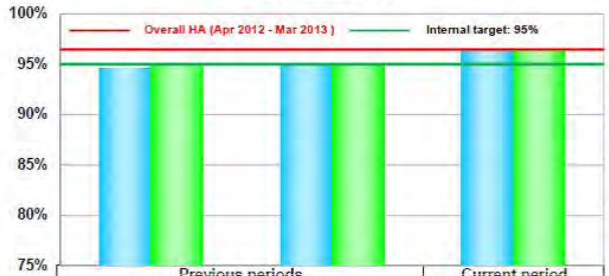


	Current period	Current period
	Jan - Dec 2011	Apr 2011 - Mar 2012
NTEC	100.0%	100.0%
Overall HA	97.3%	95.3%

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (cont'd)

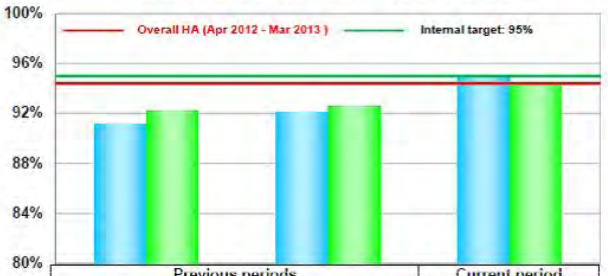
Access to General Outpatient Clinic (GOPC) Episodic Illness Services

% of IVAS call-in elderly patients offered with GOP appointment in 2 working days



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	94.6%	94.9%	96.6%
Overall HA	94.8%	95.0%	96.5%

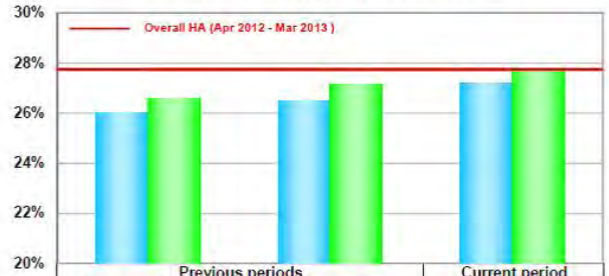
% of IVAS call-in elderly and CSSA and non-CSSA waiver patients offered with GOP appointment in 2 working days



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	91.1%	92.0%	94.9%
Overall HA	92.2%	92.6%	94.4%

Appropriateness of care

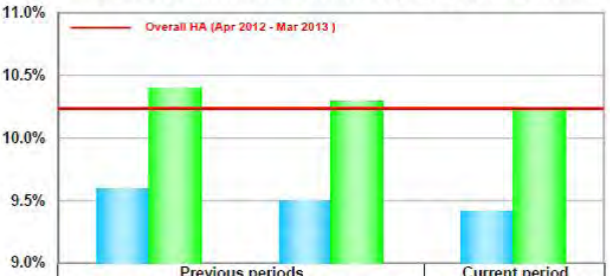
Standardised admission rate for A&E patients



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	26.0%	26.5%	27.2%
Overall HA	26.6%	27.2%	27.7%

Safety

Unplanned readmission rate within 28 days for general inpatients



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	9.6%	9.5%	9.4%
Overall HA	10.4%	10.3%	10.2%

KPIs for Service Performance - Part C (Apr 2011 - Mar 2012)

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives (cont'd)				Current period		Previous period	
				NTEC	Overall HA	NTEC	
				Apr 2012 - Mar 2013		Apr 2011 - Mar 2012	Variance
				A	B	C	D = (A - C) or (A - C) / C
Disease specific quality indicators			**Stroke**				
	K	#	% of adult acute stroke patients with CT/MRI scan of brain performed within 12 hours of A&E registration	94.8%	93.2%	94.3%	0.6%pt
	K	#	Unplanned readmission rate	11.9%	12.5%	11.8%	0.0%pt
	K	#	ALOS (days) - overall (all care types)	22.8	23.2	23.9	-4.9%
	K	#	% of stroke patients ever treated in ASUs	49.7%	63.8%	53.7%	-3.9%pt
			Hip Fracture				
	KQ	#	% of patients indicated for surgery on hip fracture with surgery performed <=2 days after admission through A&E (Internal Target :>70%)	66.7%	72.5%	70.6%	-3.9%pt
	K	#	Unplanned readmission rate	2.1%	2.0%	2.3%	-0.2%pt
	K	#	ALOS (days) - overall (all care types)	30.1	28.2	30.4	-0.8%
			Cancer				
	K	#	Waiting time (days) from decision to treat (DTT) to start of radiotherapy (RT) for the 90th percentile for cancer patients requiring radical RT (Internal Target : <31 days)	32	29	28	14.3%
				(Oct 2011 - Sep 2012)		(Oct 2010 - Sep 2011)	
	KQ	#	Waiting time (days) at the 90th percentile for patients with colerectal cancer receiving first definitive treatment after diagnosis (Internal Target : <60 days)	71	66	71	0%
				(Oct 2011 - Sep 2012)		(Oct 2010 - Sep 2011)	
	KQ	#	Waiting time (days) at the 90th percentile for patients with breast cancer receiving first definitive treatment after diagnosis (Internal Target : <60 days)	61	54	58	5.2%
	K	#	Waiting time (days) at the 90th percentile for patients with nasopharynx cancer receiving first definitive treatment after diagnosis (Internal Target : <60 days)	56	52	55	1.8%
			DM				
	K	#	% of DM patients followed up in SOPC with HbA1c checked in same 12-month period	96.1%	95.1%	96.4%	-0.3%pt
	KQ	#	% of DM patients with HbA1c < 7% (Internal Target : >35%)	45.8%	45.2%	40.0%	5.8%pt
			HT				
	KQ	#	% of HT patients treated in GOPC with BP < 140/90 mmHg (Internal Target : >65%)	68.8%	74.1%	70.6%	-1.8%pt
			Mental Health				
	K	#	Average length of stay (LOS) of acute IP care (with LOS ≤90 days) (Internal Target : ≤30 days)	28.6	31.0	29.4	-2.7%
			Cardiac				
	K	#	% of AMI patients prescribed Statin at discharge (Internal Target : ≥90%)	76.1%	77.7%	76.5%	-0.4%pt

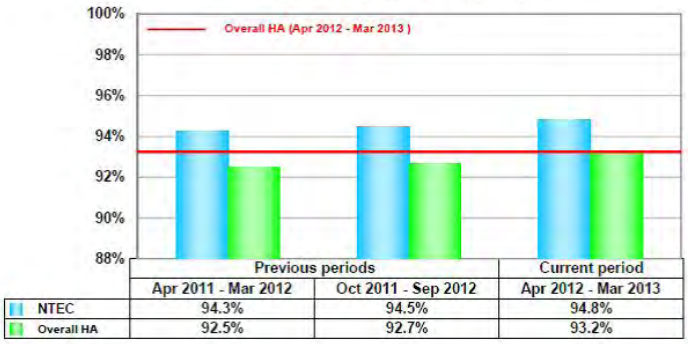
Remarks :
with graph presented
K KPI
Q QPI
* COR item

Blue > 5% above previous period
Green > 5% below previous period

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (cont'd)

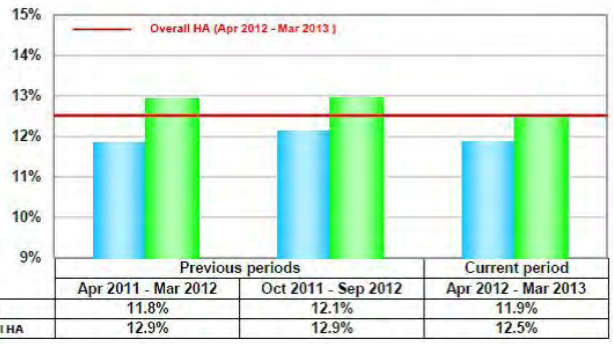
Disease specific quality indicators - Stroke

% of adult acute stroke patients with CT/MRI scan of brain performed within 12 hours of A&E registration



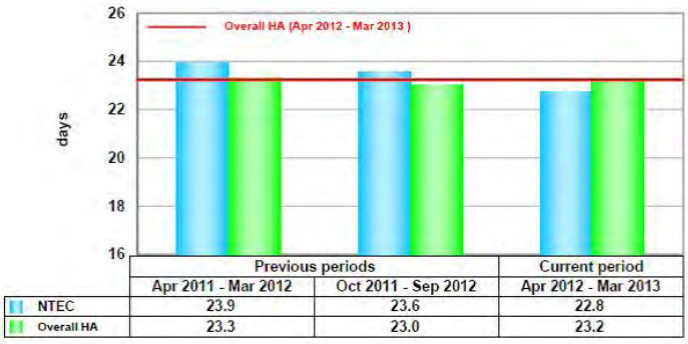
	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	94.3%	94.5%	94.8%
Overall HA	92.5%	92.7%	93.2%

Unplanned readmission rate



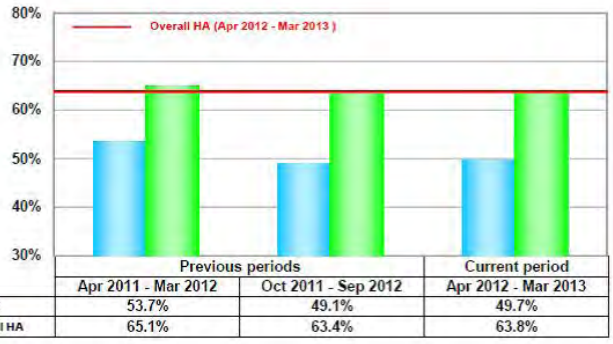
	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	11.8%	12.1%	11.9%
Overall HA	12.9%	12.9%	12.5%

Average length of stay (days) (overall)



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	23.9	23.6	22.8
Overall HA	23.3	23.0	23.2

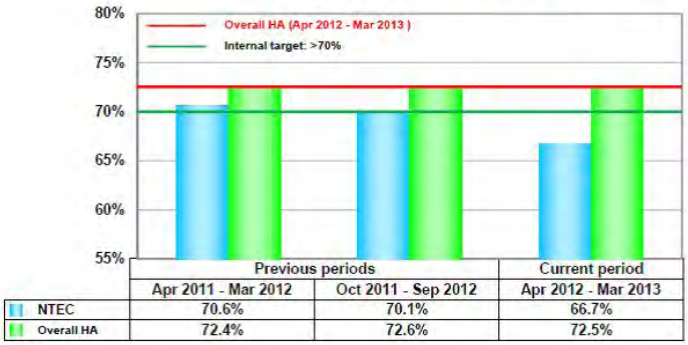
% of stroke patients ever treated in ASUs



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	53.7%	49.1%	49.7%
Overall HA	65.1%	63.4%	63.8%

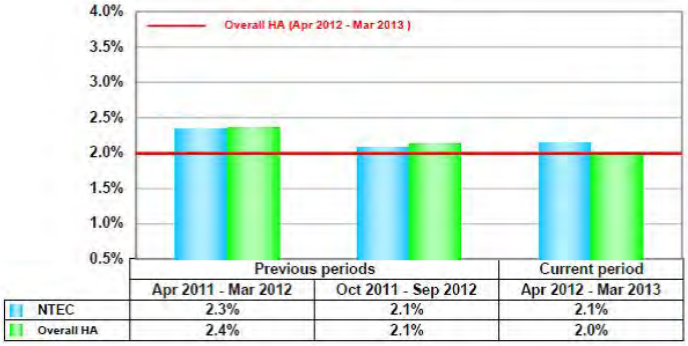
Disease specific quality indicators - Hip fracture

% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E



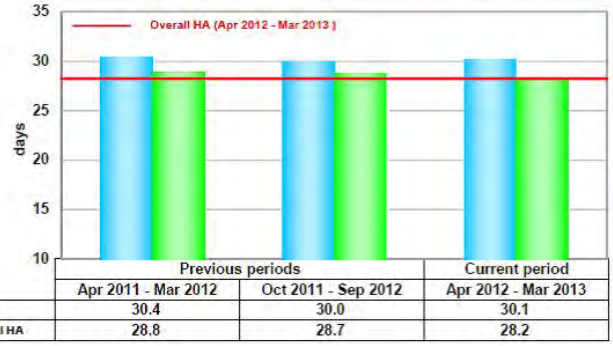
	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	70.6%	70.1%	66.7%
Overall HA	72.4%	72.6%	72.5%

Unplanned readmission rate



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	2.3%	2.1%	2.1%
Overall HA	2.4%	2.1%	2.0%

Average length of stay (days) (overall)



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	30.4	30.0	30.1
Overall HA	28.8	28.7	28.2

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (cont'd)

Disease specific quality indicators - Cancer

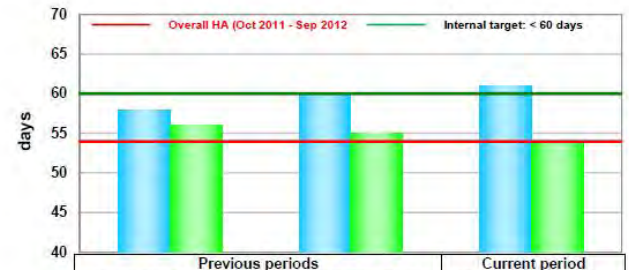
Waiting time (days) from decision to treat (DTT) to start to radiotherapy (RT) for the 90th percentile for cancer patients requiring radical RT

	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	28	28	32
Overall HA	28	28	29

Waiting time (days) at the 90th percentile for patients with colorectal cancer receiving first definitive treatment after diagnosis

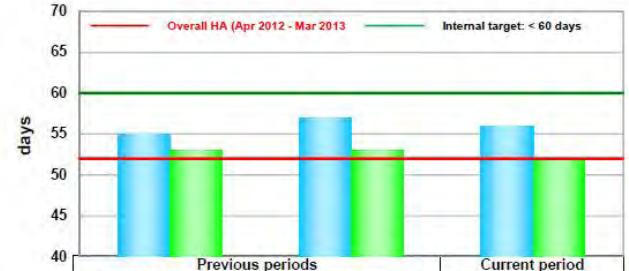
	Previous periods		Current period
	Oct 2010 - Sep 2011	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012
NTEC	71	70.5	71
Overall HA	64	63	66

Waiting time (days) at the 90th percentile for patients with breast cancer receiving first definitive treatment after diagnosis



	Previous periods		Current period
	Oct 2010 - Sep 2011	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012
NTEC	58	60	61
Overall HA	56	55	54

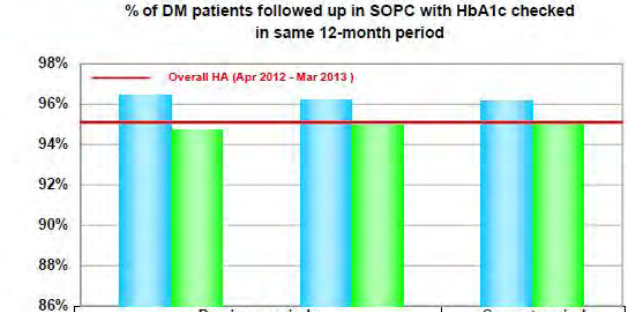
Waiting time (days) at the 90th percentile for patients with nasopharynx cancer receiving first definitive treatment after diagnosis



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	55	57	56
Overall HA	53	53	52

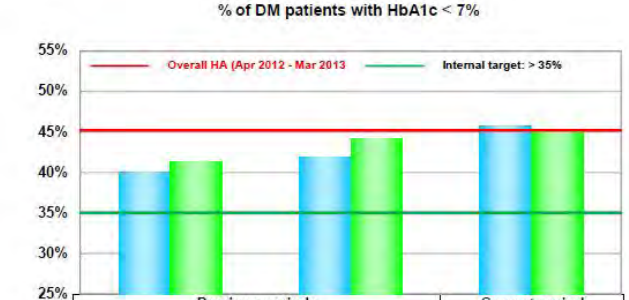
Disease specific quality indicators - DM

% of DM patients followed up in SOPC with HbA1c checked in same 12-month period



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	96.4%	96.2%	96.1%
Overall HA	94.7%	94.9%	95.1%

% of DM patients with HbA1c < 7%



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	40.0%	41.9%	45.8%
Overall HA	41.3%	44.2%	45.2%

Disease specific quality indicators - HT

% of HT patients treated in GOPC with BP < 140/90 mmHg

	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	70.6%	70.0%	68.8%
Overall HA	69.6%	71.3%	74.1%

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (cont'd)

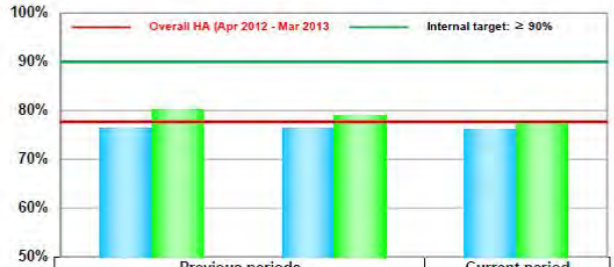
Disease specific quality indicators - Mental Health

Average length of stay (LOS) of acute IP care (with LOS ≤ 90 days)

	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	29.4	28.7	28.6
Overall HA	30.7	31.1	31.0

Disease specific quality indicators - Cardiac

% of AMI patients prescribed Statin at discharge



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	76.5%	76.5%	76.1%
Overall HA	80.3%	79.0%	77.7%

KPIs for Service Performance - Part C (Apr 2012 - Mar 2013) (cont'd)

				Current period		Previous period	
				NTEC	Overall HA	NTEC	
				Apr 2012 - Mar 2013		Apr 2011 - Mar 2012	Variance
				A	B	C	D = (A - C) or (A - C) / C
Efficiency in the Use of Resources							
Bed management	K	*	**Bed Occupancy Rate (%) (IP Overall Mid-night)**				
			General - Acute & Convalescent (excl. PSY/MH/INF)	88.1%	85.4%	85.7%	2.4%pt
			Mentally Ill	66.8%	74.9%	69.9%	-3.0%pt
			Infirmary	82.4%	86.5%	82.5%	-0.1%pt
		#	**Overall**	**84.8%**	**84.0%**	**83.3%**	**1.5%pt**
	K	*	**Average Length of Stay (days)**				
		#	General - Acute & Convalescent (excl. PSY/MH/INF)	6.0	5.6	6.0	-0.2%
			Mentally Ill	33.5	62.9	34.1	-1.9%
			Infirmary	314.3	127.6	279.2	12.6%
			Overall	**7.2**	**7.5**	**7.2**	**0.8%**
Day surgery services	K	#	**Rate of day plus same day surgery for selected procedures**	**55.8%**	**53.6%**	**54.3%**	**1.5%pt**
				(Apr - Dec 2012)		(Apr - Dec 2011)	
Productivity	K	#	**Performance in total weighted episodes (WEs)** Note	**168,298**	**1,029,777**	**163,368**	**3.0%**
	K	#	**Productivity growth index for non-acute inpatient services**	**3.8%**	**-0.2%**	**5.2%**	**-1.3%pt**
	K	#	**Productivity growth index for ambulatory / community care services**	**2.8%**	**3.0%**	**0.7%**	**2.1%pt**
				(Jan - Dec 2012)		(Jan - Dec 2011)	
	K	#	**No. of inpatient episodes per general bed**	**72.8**	**73.6**	**67.5**	**7.9%**

Note: WEs were compiled by the latest Cost Weight (CW) version 4.0.

Remarks:

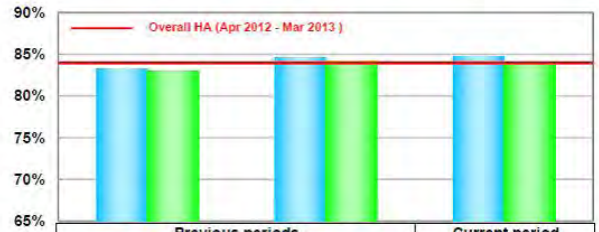
\# with graph presented
K KPI
Q QPI
* COR item

Blue > 5% above previous period
Green > 5% below previous period

Efficiency in the Use of Funding Resources (cont'd)

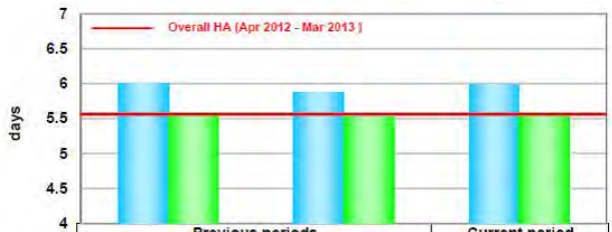
Bed management

Bed occupancy rate (%) (IP mid-night) - Overall



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	83.3%	84.6%	84.8%
Overall HA	83.0%	84.2%	84.0%

ALOS (days) - general (acute & Convalescent) (excl. PSY/MH/INF)



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	6.0	5.9	6.0
Overall HA	5.6	5.5	5.6

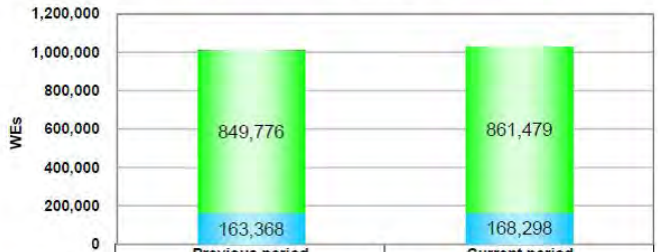
Day surgery services

Rate of day and same day surgery for selected procedures

	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	54.3%	55.4%	55.8%
Overall HA	52.7%	53.1%	53.6%

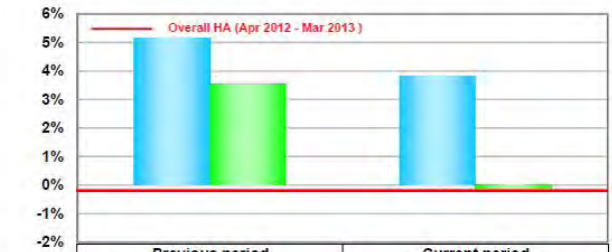
Productivity

Performance in total weighted episodes (WEs)



	Previous period	Current period
	Apr - Dec 2011	Apr - Dec 2012
NTEC	163,368	168,298
Sum of other clusters	849,776	861,479

Productivity growth index for non-acute inpatient services



	Previous period	Current period
	Apr 2011 - Mar 2012	Apr 2012 - Mar 2013
NTEC	5.2%	3.8%
Overall HA	3.5%	-0.2%

Productivity growth index for ambulatory / community care services

	Previous period	Current period
	Apr 2011 - Mar 2012	Apr 2012 - Mar 2013
NTEC	0.7%	2.8%
Overall HA	1.3%	3.0%

No. of inpatient episodes per general bed

	Previous periods		Current period
	Jan - Dec 2011	Jul 2011 - Jun 2012	Jan - Dec 2012
NTEC	67.5	70.4	72.8
Overall HA	70.2	72.7	73.6

Note:
WEs were compiled by the latest Cost Weight (CW) version 4.0.

Service Statistics (up to Mar 2013) - New Territories East Cluster

	YTD (prior year) A	YTD (current year) B	YTD target (current year) C	Variance (from target) D =(B–C) or (B-C)/C	Variance (from prior year) E =(B–A) or (B-A)/A
No. of hospital beds (as at month end)					
Available	4,514	4,515	4,515	0	+ 1
In-use	4,185	4,200	N.A.	N.A.	+ 15
Inpatient services					
No. of IP discharges and deaths	162,140	167,670	156,640	+ 7.0%	+ 3.4%
Bed occupancy rate(%) - noon	83%	85%	N.A.	N.A.	+ 1.5%pt
Bed occupancy rate(%) - midnight	83%	85%	83%	+ 1.8%pt	+ 1.5%pt
Average length of stay (days) for general inpatients	6.0	6.0	6.2	- 3.2%	- 0.2%
Day patient services					
No. of DP discharges & deaths	81,119	90,143	78,430	+ 14.9%	+ 11.1%
Accident & emergency services					
No. of attendances	402,044	409,584	393,600	+ 4.1%	+ 1.9%
% of A&E patients within target waiting time					
- Triage I (critical cases – 0 minutes)	100%	100%	100%	0%pt	0%pt
- Triage II (emergency cases < 15 minutes)	96.1%	96.1%	95%	+ 1.1%pt	0.0%pt
- Triage III (urgent cases < 30 minutes)	83.9%	79.3%	90%	- 10.7%pt	- 4.6%pt
Outpatient services					
No. of specialist outpatient attendances (clinical) *	1,032,724	1,065,454	1,001,100	+ 6.4%	+ 3.2%
Median waiting time of patients booking new cases (week)					
- First priority patients	< 1	< 1	2	2	< 1
- Second priority patients	4	4	8	4	< 1
No. of general outpatient attendances #	868,418	910,199	879,600	+ 3.5%	+ 4.8%
Rehabilitation & palliative care services					
No. of home visits by community nurses	130,280	126,216	127,900	- 1.3%	- 3.1%
No. of allied health (outpatient) attendances	335,546	338,243	332,500	+ 1.7%	+ 0.8%
Geriatric services					
No. of geriatric outreach attendances	78,552	79,801	77,590	+ 2.8%	+ 1.6%
No. of visiting medical officer attendances	22,232	24,536	20,440	+ 20.0%	+ 10.4%
Psychiatric services					
No. of psychiatric outreach attendances	33,293	31,394	28,940	+ 8.5%	- 5.7%
No. of psychiatric day hospital attendances	44,344	45,647	40,640	+ 12.3%	+ 2.9%
Quality Indicators					
Unplanned readmission rate (%) for general in-patients^	9.6%	9.4%	10.1%	- 0.7%pt	- 0.2%pt

* include nurse clinic attendances (NURS) ; exclude FMSC attendances (FMSC)

{including: {GOPC:total attends by doctor + by nurse) + (IMHP:attnds by doctor + by nurse + by Allied health staff) + (attnds generated under Healthcare Reform Initiative (HRI) program))

^ New definition is applied in 2011/12. The time lag for data available is 2 month.

Blue > 5% above target / prior year
> 3% pt above target / prior year (for bed occupancy rate)
> 3% pt above prior year (for A&E waiting time)
> 1% pt above target / prior year (for unplanned readmission rate)

Green > 5% below target / prior year
> 3% pt below target / prior year (for bed occupancy rate)
> 3% pt below prior year (for A&E waiting time)
> 1% pt below target / prior year (for unplanned readmission rate)

Brown Below COR target (for A&E waiting time)

C. Human Resources Report

*1. Number of Full-time Equivalent (FTE) Staff (as at 31.3.2013)**

Hospital	Medical	Nursing	Allied Health	Others	Total
AHN	145	534	179	671	1529
BBH	4	24	5	24	57
NDH	170	620	163	718	1670
NTE Cluster Office	2	4	2	443	451
PWH	533	1616	515	1808	4473
SCH	2	78	8	129	217
SH	42	308	73	388	810
TPH	43	340	54	449	886
Total	940	3523	999	4631	10094

*including permanent, contract and temporary staff

2. Attrition (Wastage) Rate (%) in NTEC in 2012/13 with Comparison to 2011/12 and Overall HA 2012/13 (Including resignation, retirement and completion of contract, excluding transfer and rehire without a break)

Staff Group	NTEC Attrition (Wastage) Rate (%) (Apr 11 to Mar 12)	NTEC Attrition (Wastage) Rate (%) (Apr 12 to Mar 13)	Overall HA Attrition (Wastage) Rate (%) (Apr 12 to Mar 13)
Medical	5.3%	4.3%	5.2%
Nursing	4.4%	4.4%	4.9%
Allied Health	3.4%	3.7%	3.5%
Mgt/Admin	9.1%	10.7%	5.5%
Supporting (care-related)	14.2%	16.5%	16.0%
Others	8.8%	11.3%	11.4%
Overall	7.4%	8.5%	8.5%

Including Interns & Excluding Temporary Staff

D. Financial Report

The Cluster reported a small surplus of about $11 million which is 0.15% of the Cluster's expenditure. Some of the more significant events reflected in the financial statements were set out below:

Service Growth and Annual Plan

Patient activities increased by around 4% compared with prior year, which doubled the rate of the Hospital Authority (HA) average. The Cluster implemented a number of annual plan and capital work programs that supported the HA themes and strategies as set out in the HA Strategic Plan. For example:

- Established a 3-bed Paediatric High Dependency Unit which increased total number of beds to 7;
- Expanded Neonatal Intensive Care Unit by adding 1 NICU bed to a total of 22 beds;
- Provided an additional 13,380 General Out-Patient attendances;
- Opened the Eye Centre;
- Converted Observation Ward to Accident & Emergency Ward with bed number increased from 20 to 28; and
- Expanded Physiotherapy department to meet increased service demand.

Patient Income

The Cluster experienced an increase in both public and private patient income of $43 million or 9% due to general service growth and annual plan programs. Private patient activities accounted for one-third of the total amount when compared with prior year, the private inpatient and outpatient activities were increased by 21% and 11% respectively.

The $43 million increase in public and private revenue was offset partially by a reduction in obstetric service for non-eligible persons. The reduction in non-eligible obstetric services was introduced to ensure sufficient service capacity for Hong Kong eligible persons.

Expenditures

Manpower

The Cluster supported a number of initiatives to facilitate staff retention and service expansion. For example:

- Enhanced promotional opportunities for frontline Doctors, Nurses, Allied Health Professionals with additional 50 promotional positions;
- Recruited 50 additional phlebotomists/technical assistants to provide 24-hour support at PWH, NDH and AHNH acute hospitals to relieve doctors and nurses from routine technical tasks of blood taking, electrocardiogram and intravenous cannulation for patients;
- Recruited 51 additional clerical staff to provide clerical support in clinical departments to relieve the clerical workload of frontline healthcare professionals;
- Hired TUNS and part time nurses to help supplement the Nursing manpower;
- Hired part time doctors; and
- Launched Special Honoraria Scheme for Medical and Nursing Staff.

Overall, the Cluster experienced a 4.5% increase in manpower during the year. The increase in 350 staff was mainly for nursing and supporting staff grades.

Drugs

Drug consumption increased by $86 million to $749 million due to the implementation of new annual plan programs related to widening drugs formulary, influenza / surge drugs and increase in patient activities.

Asset Transfers & Donations

Total asset transfers and donations during the year amounted to $66 million ($39 million higher than prior year). Two of the more significant items were related to:

- $31 million True Beam Equipment and Systems transferred from the Chinese University of Hong Kong; and
- $8 million donation from Hong Kong Jockey Club for purchasing electric beds, bed chairs, patient restraint systems, anti-wandering systems and bladder scans.

New Territories East Cluster
Balance Sheet at 31 March 2013

	Note	2013 *HK$'000*	2012 *HK$'000*
Current Assets			
Inventories	2	**189,789**	157,034
Accounts receivable	3	**33,482**	22,101
Other receivables		**9,313**	3,188
Deposits and prepayments	4	**7,349**	11,257
Amount due from the Head Office		**341,377**	293,279
Cash and Bank	5	**29,605**	27,849
		610,915	514,708
Property, plant and equipment	6	**650,726**	599,700
Total Assets		**1,261,641**	1,114,408
Current Liabilities			
Creditors and accrued charges		**565,187**	470,365
Deposits received		**27,755**	20,464
		592,942	490,829
Non-Current Liabilities - Deferred income	7	**17,973**	23,879
Capital subventions and donations	8	**650,726**	599,700
Total Liabilities, Capital Subventions and Donations		**1,261,641**	1,114,408

New Territories East Cluster
Statement of Income and Expenditure for the year ended 31 March 2013

	Note	2013 *HK$'000*	2012 *HK$'000*
Income			
Recurrent Government subvention		**6,461,312**	5,878,826
Capital Government subvention		**156,577**	129,800
Hospital/clinic fees and charges		**507,452**	489,033
Transfers from:			
Designated donation fund	7	**30,621**	16,536
Capital subventions	8	**96,237**	97,046
Capital donations	8	**10,314**	9,251
Other income		**62,578**	55,856
		7,325,091	6,676,348
Expenditure			
Staff costs		**(5,172,824)**	(4,763,314)
Drugs		**(748,737)**	(662,568)
Medical supplies and equipment		**(352,525)**	(341,486)
Utilities charges		**(183,602)**	(171,769)
Repairs and maintenance		**(262,925)**	(217,345)
Building projects funded by the Government		**(155,776)**	(129,237)
Operating lease expenses - office premises and equipment		**(2,521)**	(4,867)
Depreciation and amortisation	6	**(106,436)**	(106,297)
Other operating expenses		**(329,183)**	(279,465)
		(7,314,529)	(6,676,348)
Surplus for the year		**10,562**	-

1. Basis of preparation of financial statements

The Cluster's financial statements have been prepared in accordance with the Hospital Authority Financial and Accounting Manual as appropriate to public hospitals and clinics under the management and control of Hospital Authority.

The financial statements have been prepared under an accrual basis of accounting. These draft financial statements are subject to the Head Office's final adjustments which are expected no later than July 2013. At this time management does not anticipate any material adjustments to the draft financial statements.

Surpluses or deficits for the year are transferred to the Head Office accounts in the year they arise and are consolidated at the Head Office. As a result, Reserves do not form part of the Cluster's financial accounts.

2. Inventories

	31 March 2013	31 March 2012
	HK$'000	*HK$'000*
Drugs	**147,557**	109,358
Medical consumables	**35,685**	39,770
General consumables	**6,547**	7,906
	189,789	157,034

3. Accounts receivable

	31 March 2013	31 March 2012
	HK$'000	*HK$'000*
Bills receivable [note 3(a)]	**34,288**	22,688
Accrued income	**5,134**	3,917
	39,422	26,605
Less: Provision for doubtful debts [note 3(b)]	**5,940**	4,504
	33,482	22,101

(a) Aging analysis of bills receivable:

	31 March 2013	31 March 2012
	HK$'000	*HK$'000*
Past due by:		
0-30 days	**14,818**	10,149
31-60 days	**5,880**	4,223
61-90 days	**6,660**	3,073
Over 90 days	**6,930**	5,243
	34,288	22,688

3. Accounts receivable (Continued)

(a) Aging analysis of bills receivable (Continued):

The policy in respect of patient billing is as follows:

(i) Patients attending outpatient and accident and emergency services are required to pay fees before services are performed.

(ii) Private patients and non-eligible persons are required to pay deposit on admission to hospital.

(iii) Interim bills are sent to patients during hospitalisation. Final bills are sent if the outstanding amounts have not been settled on discharge.

(iv) Administrative charge is imposed on late payments of medical fees and charges for medical services provided at 5% of the outstanding fees overdue for 60 days from issuance of the bills, subject to a maximum charge of HK$1,000 for each bill. An additional 10% of the outstanding fees are imposed if the bills remain outstanding 90 days from issuance of the bills, subject to a maximum additional charge of HK$10,000 for each bill.

(v) Legal action will be instituted for outstanding bills where appropriate. Patients who have financial difficulties may be considered for waiver of fees charged.

(b) Movements in the provision for doubtful debts are as follows:

	2013	2012
	HK$'000	*HK$'000*
At beginning of year	**4,504**	5,458
Provision for impairment of receivables	**5,751**	2,627
Uncollectible amounts written off	**(4,315)**	(3,581)
At end of year	**5,940**	4,504

The maximum exposure to credit risk at the reporting date is the fair value of receivable mentioned above. The Cluster does not hold any collateral as security.

4. Deposits and prepayments

	31 March 2013	31 March 2012
	HK$'000	*HK$'000*
Utility and other deposits	**284**	284
Prepayments to Government departments	**3,746**	4,608
Maintenance contracts and other prepayments	**3,319**	6,365
	7,349	11,257

The above balances do not contain impaired assets. The maximum exposure to credit risk at the reporting date is the fair value of the assets mentioned above. The Group does not hold any collateral as security.

5. Cash and Bank

	31 March 2013 HK$'000	31 March 2012 HK$'000
Cash at bank and in hand	**18,342**	17,395
Bank deposits with maturity within three months	**11,263**	10,454
	29,605	27,849

Cash is deposited to the bank in accordance with the Head Office's Treasury guideline on Bank Accounts and Fund Management.

6. Property, plant and equipment

1 April 2012 - 31 March 2013

	Building and improvements HK$'000	Furniture, fixtures and equipment HK$'000	Motor vehicles HK$'000	Computer equipment HK$'000	Computer Software & Systems HK$'000	Total HK$'000
Cost						
At 1 April 2012	206,212	1,278,280	20,259	10,738	614	**1,516,103**
Reclassifications	-	(4,832)	(108)	-	-	**(4,940)**
Additions	-	149,077	8,270	-	3,744	**161,091**
Disposals	-	(72,799)	(1,261)	(2,136)	(31)	**(76,227)**
At 31 March 2013	206,212	1,349,726	27,160	8,602	4,327	**1,596,027**
and amortiztaion						
At 1 April 2012	63,811	825,077	16,544	10,357	614	**916,403**
Reclassifications	-	(1,425)	-	-	-	**(1,425)**
Charge for the year	4,124	98,669	2,850	169	624	**106,436**
Disposals	-	(72,685)	(1,261)	(2,136)	(31)	**(76,113)**
At 31 March 2013	67,935	849,636	18,133	8,390	1,207	**945,301**
Net book value						
At 31 March 2013	138,277	500,090	9,027	212	3,120	**650,726**

1 April 2011 - 31 March 2012

	Building and improvements HK$'000	Furniture, fixtures and equipment HK$'000	Motor vehicles HK$'000	Computer equipment HK$'000	Computer Software & Systems HK$'000	Total HK$'000
Cost						
At 1 April 2011	206,212	1,247,549	20,682	10,738	614	**1,485,795**
Reclassifications	-	(4,639)	-	-	-	**(4,639)**
Additions	-	124,935	-	-	-	**124,935**
Disposals	-	(89,565)	(423)	-	-	**(89,988)**
At 31 March 2012	206,212	1,278,280	20,259	10,738	614	**1,516,103**
and amortiztaion						
At 1 April 2011	59,687	814,987	14,643	10,163	614	**900,094**
Reclassifications	-	-	-	-		-
Charge for the year	4,124	99,655	2,324	194	-	**106,297**
Disposals	-	(89,565)	(423)	-	-	**(89,988)**
At 31 March 2012	63,811	825,077	16,544	10,357	614	**916,403**
Net book value						
At 31 March 2012	142,401	453,203	3,715	381	0	**599,700**

6. Property, plant and equipment (Continued)

(a) Capitalisation of property, plant and equipment

(i) The following types of assets which give rise to economic benefits have been capitalised:

Building projects costing HK$250,000 or more; and

All other assets costing HK$100,000 or more on an individual basis.

The accounting policy for depreciation of property, plant and equipment is set out in note 6(b).

(ii) Expenditure on furniture, fixtures, equipment, motor vehicles and computer hardware is capitalised (subject to the minimum expenditure limits set out in note 6(a)(i) above) and the corresponding amounts are credited to the capital subventions and capital donations accounts for capital expenditure funded by the Government and donations respectively.

(b) Depreciation

Property, plant and equipment are stated at cost less accumulated depreciation. Additions represent new or replacement of specific components of an asset. An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

The historical cost of assets acquired and the value of donated assets are depreciated using the straight-line method over the expected useful lives of the assets as follows:

Buildings	20-50 years
Furniture, fixtures and equipment	3-10 years
Motor vehicles	5-7 years
Computer equipment	3-6 years

The useful lives of assets are reviewed and adjusted, if appropriate, at each balance sheet date.

The gain or loss arising from disposal or retirement of an asset is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in the statement of income and expenditure.

Capital expenditure in progress is not depreciated until the asset is placed into commission.

(c) Amortization

Computer software and systems including related development costs costing HK$250,000 or more each, which give rise to economic benefits are capitalised as intangible assets. Intangible assets are stated at cost less accumulated amortisation and are amortised on a straight line basis over the estimated useful lives of 1 to 3 years.

7 Deferred income

	Designated donation fund *HK$'000*
At 1 April 2011	**18,157**
Additions during the year	**22,258**
Utilisation during the year	**(16,536)**
At 31 March 2012	**23,879**
Additions during the year	**24,715**
Utilisation during the year	**(30,621)**
At 31 March 2013	**17,973**

The movement in deferred income represents the opening balance of donation funds available for use plus donations received less donations used during the year.

8 Capital subventions and donations

	Capital subventions *HK$'000*	Capital donations *HK$'000*	Total *HK$'000*
At 1 April 2011	424,045	161,656	**585,701**
Additions during the year	115,703	4,593	**120,296**
Transfers to consolidated statement of income and expenditure	(97,046)	(9,251)	**(106,297)**
At 31 March 2012	442,702	156,998	**599,700**
Additions during the year	116,578	40,999	**157,577**
Transfers to consolidated statement of income and expenditure	(96,237)	(10,314)	**(106,551)**
At 31 March 2013	463,043	187,683	**650,726**

The movement in capital subventions and donations represents the opening balance of the capital assets plus capital funding received and less the annual depreciation charge for the year.

E. Staff E-polling Results on Top Ten Events of NTEC in 2012

1. Level of nitrous oxide in the labour suites and First Stage Ward of the Prince of Wales Hospital was found to have exceeded limit. Use of laughing gas has been suspended.

2. Charge for non-booked NEP delivery was raised from $48,000 to $90,000 to deter pregnant women from rushing to the Accident and Emergency Departments.

3. Gauzes were found retained in four obstetric patients who have undergone episiotomy repair.

4. Staff of the Shatin Hospital assisted in providing emergency medical services to around 60 victims in a traffic accident which occurred at the bus stop outside the Hospital on 16 April 2012.

5. The Prince of Wales Hospital and the North District Hospital underwent gap analysis to prepare for hospital accreditation.

6. Prolonged winter surge put great pressure on hospitals.

7. Ms Jane LIU, the Cluster General Manager (Nursing) was appointed as HA Chief Manager (Nursing).

8. The Prince of Wales Hospital Eye Centre commenced service.

9. The Prince of Wales Hospital 9H Staff Clinic commenced service.

10. Entering its 125th anniversary, the Alice Ho Miu Ling Nethersole Hospital organized donation event to raise fund for the development of medical services. A total of HKD 2,329,530 was raised.


醫院管理局
新界東醫院聯網
Hospital Authority
New Territories East Cluster